TITLE V BLOCK GRANT APPLICATION FORMS (2-21) STATE: WV

APPLICATION YEAR: 2010

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FORM 2 MCH BUDGET DETAIL [Secs. 504 (d) and 5	s FOR FY 2010		
STATE: V	VV		
1. FEDERAL ALLOCATION (Item 15a of the Application Face Sheet [SF 424]) Of the Federal Allocation (1 above), the amount earmarked for: A.Preventive and primary care for children:		\$	6,412,094
\$1,923,628 (30%)			
B.Children with special health care needs: \$ 1,923,628 (30%)			
(If either A or B is less than 30%, a waiver request must accompany the applicati	on)[Sec. 505(a)(3)]		
C.Title V administrative costs:			
\$ 641,209 (10%) (The above figure cannot be more than 10%)[Sec. 504(d)]			
2. UNOBLIGATED BALANCE (Item 15b of SF 424)		\$	0
3. STATE MCH FUNDS (Item 15c of the SF 424)		\$	16,845,469
4. LOCAL MCH FUNDS (Item 15d of SF 424)		\$	0
5. OTHER FUNDS (Item 15e of SF 424)		\$	0
6. PROGRAM INCOME (Item 15f of SF 424)		\$	14,000,000
7. TOTAL STATE MATCH (Lines 3 through 6) (Below is your State's FY 1989 Maintainence of Effort Amount) \$ 4,362,527		\$	30,845,469
8. FEDERAL-STATE TITLE V BLOCK GRANT PAR	TNERSHIP (SUBTOTAL)	\$	37,257,563
(Total lines 1 through 6. Same as line 15g of SF 424)			
9. OTHER FEDERAL FUNDS (Funds under the control of the person responsible for the administration of the Title	e V program)		
a. SPRANS:	\$0		
b. SSDI:	\$94,644		
c. CISS:	\$0		
d. Abstinence Education:	\$0		
e. Healthy Start:	\$0		
f. EMSC:	\$0		
g. WIC:	\$0		
h. AIDS:	\$0		
i. CDC:	\$4,357,976		
j. Education:	\$ 2,135,315		
k. Other:			
Comm Based Integr Sy	\$ 105,000		
DHHS (HAPI)	\$ 233,415		
Family Planning	\$ 2,359,564		
Newborn Hearing	\$ 149,747		
TANF	\$ 3,750,619		
Title XIX	\$ 2,307,447		
10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)		\$	15,493,727
11. STATE MCH BUDGET TOTAL		¢	52,751,290
(Partnership subtotal + Other Federal MCH Funds subtotal)		Ψ	32,101,230

FIELD LEVEL NOTES

None

None

STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a)(I-3)]

STATE: WV

	FY 2	2005	FY 2	2006	FY 2	2007
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$6,712,857	\$6,673,113	\$6,685,824	\$5,561,526	\$6,685,824	\$ 6,493,836
2. Unobligated Balance (Line2, Form 2)		\$0	\$0	\$0	\$0	\$0
3. State Funds (Line3, Form 2)	\$12,274,211	\$ 23,173,288	\$12,621,868	\$9,221,698	\$10,472,315	\$ 9,557,676
4. Local MCH Funds (Line4, Form 2)	\$0	\$0	\$0	\$0	\$0	\$0
5. Other Funds (Line5, Form 2)	\$26,128,009	\$ 16,238,423	\$32,405,996	\$ 25,664,405	\$32,947,903	\$0
6. Program Income (Line6, Form 2)	\$0	\$0	\$0	\$0	\$0	\$ 17,096,264
7. Subtotal (Line8, Form 2)	\$45,115,077	\$ 46,084,824	\$51,713,688	\$ 40,447,629	\$ 50,106,042	\$ 33,147,776
		(THE FEI	DERAL-STATE TITLE E	BLOCK GRANT PARTN	IERSHIP)	
8. Other Federal Funds (Line10, Form 2)	\$5,685,220	\$5,594,791	\$ 5,889,530	\$9,158,820	\$9,946,821	\$10,873,791
9. Total (Line11, Form 2)	\$50,800,297	\$51,679,615	\$57,603,218	\$ 49,606,449	\$ 60,052,863	\$ 44,021,567
			(STATE MCH B	UDGET TOTAL)		

STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a)(I-3)]

STATE: WV

	FY 2	2008	FY:	2009	FY 2	2010
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$6,493,886	\$5,402,446	\$6,493,886	\$	\$6,412,094	\$
2. Unobligated Balance (Line2, Form 2)	\$0	\$0	\$0	\$	\$0	\$
3. State Funds (Line3, Form 2)	\$11,814,546	\$ 13,700,580	\$13,518,585	\$	\$ 16,845,469	\$
4. Local MCH Funds (Line4, Form 2)	\$0	\$0	\$0	\$	\$0	\$
5. Other Funds (Line5, Form 2)	\$37,319,661	\$49,619	\$36,246,030	\$	\$0	\$
6. Program Income (Line6, Form 2)	\$0	\$15,899,413	\$0	\$	\$14,000,000	\$
7. Subtotal (Line8, Form 2)	\$55,628,093	\$ 35,052,058	\$56,258,501	\$0	\$ 37,257,563	\$0
		(THE FEI	DERAL-STATE TITLE E	BLOCK GRANT PARTN	IERSHIP)	
8. Other Federal Funds (Line10, Form 2)	\$8,446,982	\$14,434,649	\$10,114,465	\$	\$15,493,727	\$
9. Total (Line11, Form 2)	\$64,075,075	\$49,486,707	\$ 66,372,966	\$0	\$52,751,290	\$0
			(STATE MCH B	UDGET TOTAL)		

The federal allocation in the budget column is incorrect; it should be \$6,412,094. The entire grant allocation will be spent by September 30, 2009 when this award ends.

FIELD LEVEL NOTES

I. Section Number: Form3_Main Field Name: FedAllocExpended Row Name: Federal Allocation Column Name: Expended

Year: 2008 Field Note:

The grant amount for FY 2008 is listed incorrectly; the award total is \$6,412,094. The entire grant will be spent by the end of the award (9/30/09).

 Section Number: Form3_Main Field Name: FedAllocExpended Row Name: Federal Allocation Column Name: Expended

Year: 2007 Field Note:

The federal allocation has been updated to reflect actual amounts spent when the final Financial Status Report was filed (FSR).

3. Section Number: Form3_Main

Field Name: StateMCHFundsExpended

Row Name: State Funds Column Name: Expended

Year: 2008 Field Note:

The Budgeted amount was based on prior years expenditures. Actual expenditures were less than budgeted.

4. Section Number: Form3_Main

Field Name: StateMCHFundsExpended

Row Name: State Funds Column Name: Expended

Year: 2007

Field Note:

These amounts were revised to exclude Title XIX funds that should have been included in the "Other Federal Funds" category in previous years. These funds are used for the EPSDT (Healthcheck), Right From The Start (RFTS), and Children with Special Health Care Needs (CSHCN) programs.

 Section Number: Form3_Main Field Name: OtherFundsExpended Row Name: Other Funds Column Name: Expended

Year: 2008

Field Note:

Actual expenditures were less than budgeted. This amount includes funding for Early Intervention Services, prior year budget numbers were overstated. In prior year, the reporting of other funds was not consistent between budgeted and expended.

6. Section Number: Form3_Main Field Name: OtherFundsExpended Row Name: Other Funds

Column Name: Expended

Year: 2007 Field Note:

This line item should not have been used for FY 2007. Funds previously reported in this category should have been reported as Program Income for Early Intervention (Birth to Three) and Other Federal Funds.

7. Section Number: Form3_Main Field Name: ProgramIncomeExpended Row Name: Program Income

Column Name: Expended

Year: 2008 Field Note:

The early intervention program generates income that was previously reported as state funds.

8. Section Number: Form3_Main Field Name: ProgramIncomeExpended Row Name: Program Income

Column Name: Expended

Year: 2007 Field Note:

Also, Early Intervention Funds have been revised to reflect income in a separate category, previously these were reported as "Other Funds."

9. Section Number: Form3_Main Field Name: OtherFedFundsExpended Row Name: Other Federal Funds Column Name: Expended

Year: 2008 Field Note:

Actual expenditures were less than budgeted. In prior year, the reporting of other funds was not consistent between budgeted and expended.

10. Section Number: Form3_Main Field Name: OtherFedFundsExpended Row Name: Other Federal Funds Column Name: Expended

Year: 2007

The Budgeted amount did not included Title XIX funds for CSHCN, RFTS and EPSDT.

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: WV

	FY 2005		FY :	2006	FY 2007		
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED	
a. Pregnant Women	\$5,025,820	\$4,646,674	\$5,408,011	\$ 3,029,628	\$5,375,814	\$1,230,712	
b. Infants < 1 year old	\$\$	\$1,256	\$1,086	\$ 163,365	\$1,382	\$	
c. Children 1 to 22 years old	\$4,412,255	\$ 4,405,513	\$	\$ 3,430,035	\$	\$1,309,245	
d. Children with Special Healthcare Needs	\$ 20,784,516	\$ 22,698,824	\$ 25,066,969	\$ 24,426,920	\$ 24,213,585	\$ 23,482,344	
e. Others	\$ 13,958,605	\$ 13,539,473	\$ 15,388,546	\$ 8,448,110	\$ 15,145,482	\$5,841,738	
f. Administration	\$ 906,812	\$ 793,084	\$957,789	\$ 949,571	\$ 848,421	\$1,021,596	
g. SUBTOTAL	\$45,115,077	\$46,084,824	\$51,713,688	\$40,447,629	\$50,106,042	\$33,147,776	
II. Other Federal Funds (under the c	ontrol of the person re	esponsible for admini	stration of the Title V	program).			
a. SPRANS	\$0		\$ 72,592		\$ 63,823		
b. SSDI	\$ 100,000		\$ 99,317		\$ 100,000		
c. CISS	\$0		\$0		\$0		
d. Abstinence Education	\$ 394,104		\$ 385,852		\$ 385,852		
e. Healthy Start	\$0		\$0		\$0		
f. EMSC	\$0		\$0		\$0		
g. WIC	\$0		\$0		\$0		
h. AIDS	\$0		\$0		\$0		
i. CDC	\$5,034,320		\$5,170,599		\$4,494,751		
j. Education	\$0		\$0		\$2,160,317		
k.Other		1		1			
Early Childhood Heal	\$0		\$0		\$ 100,000		
Family Planning	\$0		\$0		\$ 2,406,099		
Newborn Hearing Scre	\$0		\$0		\$ 175,308		
State Oral Health	\$0		\$0		\$ 60,671		
Newborn Hearing	\$ <u>156,796</u>		\$ <u>161,170</u>		\$0		
III. SUBTOTAL	\$ 5,685,220		\$ 5,889,530		\$ 9,946,821		

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: WV

		FY 2	FY 2008			FY 2009			FY 2010		
I. Federal-State MCH Block Grant Partnership	Bu	DGETED	Ex	(PENDED	BUD	GETED	EXPENDE	D	Buc	GETED	EXPENDED
a. Pregnant Women	\$	4,166,655	\$	1,273,907	\$	4,152,159	\$		\$	1,847,089	\$
b. Infants < 1 year old	\$	224,682	\$	3,066,278	\$	1,016,310	\$		\$	3,634,359	\$
c. Children 1 to 22 years old	\$	4,717,374	\$	1,431,475	\$	3,844,537	\$		\$	2,254,379	\$
d. Children with Special Healthcare Needs	\$	33,594,639	\$_	23,099,272	\$	34,606,123	\$		\$	23,089,295	\$
e. Others	\$	11,618,762	\$	5,215,688	\$	11,259,914	\$		\$	5,407,380	\$
f. Administration	\$	1,305,981	\$	965,438	\$	1,379,458	\$		\$	1,025,061	\$
g. SUBTOTAL	\$	55,628,093	\$_	35,052,058	\$	56,258,501	\$	0	\$	37,257,563	\$ <u> </u>
]										
II. Other Federal Funds (under the o	ontro		espe	onsible for admini	stratio		program).				
a. SPRANS	\$	65,000			\$	0			\$	0	
b. SSDI	\$	94,644			\$	94,644			\$	94,644	
c. CISS	\$	0			\$	0			\$	0	
d. Abstinence Education	\$	385,852			\$	289,389			\$	0	
e. Healthy Start	\$	0			\$	0			\$	0	
f. EMSC	\$	0			\$	0			\$	0	
g. WIC	\$	0			\$	0			\$	0	
h. AIDS	\$	0			\$	0			\$	0	
i. CDC	\$	4,411,437			\$	5,116,300			\$	4,357,976	
j. Education	\$	2,138,714			\$	2,138,714			\$	2,135,315	
k.Other	j										
Comm Based Integr Sy	\$	0			\$	0			\$	105,000	
DHHS (HAPI)	\$	0			\$	0			\$	233,415	
Family Planning	\$	1,084,782			\$	2,169,564			\$	2,359,564	
Newborn Hearing	\$	0			\$	0			\$	149,747	
TANF	\$	0			\$	0			\$	3,750,619	
Title XIX	\$	0			\$	0			\$	2,307,447	
Comm Based Intg Sys	\$	0			\$	146,033			\$	0	
Newborn Hearing Scre	\$	149,853			\$	159,821			\$	0	
Community Based Inte	\$	116,700			\$	0			\$	0	
III. SUBTOTAL	\$	8,446,982			\$	10,114,465			\$	15,493,727	

None

FIELD LEVEL NOTES

1. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: PregWomenExpended Row Name: Pregnant Women Column Name: Expended

Year: 2008 Field Note:

The original OMCFH budget for Pregnant Women was over estimated.

. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: PregWomenExpended Row Name: Pregnant Women Column Name: Expended

Year: 2007 Field Note:

Budgeted amounts for prior year funds were not reported correctly. The revised amount reflects the needed corrections for the type of service provided. A specific example would be Birth Score. In prior years, this amount was not reflected in category B, Infants < 1 year old; previously this amount had been grouped with RFTS in category a.

3. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: Children_0_1Expended Row Name: Infants <1 year old Column Name: Expended

Year: 2008 Field Note:

The original OMCFH budget for Infants less than one year old was under estimated.

Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: Children_0_1Expended Row Name: Infants <1 year old Column Name: Expended

Year: 2007 Field Note:

Budgeted amounts for prior year funds were not reported correctly. The revised amount reflects the needed corrections for the type of service provided. A specific example would be Birth Score. In prior years, this amount was not reflected in category B, Infants < 1 year old; previously this amount had been grouped with RFTS in category a.

Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: Children_1_22Expended Row Name: Children 1 to 22 years old

Column Name: Expended

Year: 2008 Field Note:

The orginal OMCFH budget for Children 1 to 22 years of age was over estimated.

6. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: Children_1_22Expended Row Name: Children 1 to 22 years old

Column Name: Expended

Year: 2007 Field Note:

Budgeted amounts for prior year funds were not reported correctly. The revised amount reflects the needed corrections for the type of service provided. A specific example is that prior year amounts did not include amounts for Genetics and Healthcheck (EPSDT).

7. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: CSHCNExpended Row Name: CSHCN Column Name: Expended

Year: 2008 Field Note:

The original OMCFH budget for Children with Special Health care needs was over estimated.

8. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: CSHCNExpended Row Name: CSHCN Column Name: Expended

Year: 2007 Field Note:

Budgeted amounts for prior year funds were not reported correctly. The revised amount reflects the needed corrections for the type of service provided. Prior year totals included other federal funds also reported in part II of this form (Title XIX).

9. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersExpended Row Name: All Others Column Name: Expended

Year: 2008 Field Note:

Total budget was over estimated when compared to actual.

10. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersExpended Row Name: All Others Column Name: Expended

Year: 2007 Field Note:

Budgeted amounts for prior year funds were not reported correctly. The revised amount reflects the needed corrections for the type of service provided. Prior year totals included other federal funds also reported in part II of this form.

11. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended Row Name: Administration Column Name: Expended

Year: 2008

Field Note:

The original budget for Administration was over estimated.

12. Section Number: Form4_I. Federal-State MCH Block Grant Partnership Field Name: AdminExpended Row Name: Administration Column Name: Expended Year: 2007

Field Note:

Budget was based on prior year expenditures. Current year expenditures were higher than the previous year.

STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: WV

Type of Sepulce	FY 2	2005	FY :	2006	FY 2007		
TYPE OF SERVICE	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED	
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 21,677,885	\$ 17,228,108	\$ 19,755,249	\$ 23,106,696	\$ 19,458,421	\$1,810,469	
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$9,116,178	\$14,806,606	\$16,116,312	\$	\$15,354,147	\$23,163,867	
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,121,356	\$ 1,925,841	\$	\$	\$\$	\$ 6,122,580	
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$12,199,658	\$12,124,269	\$13,675,892	\$	\$13,238,690	\$2,050,860	
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$45,115,077	\$46,084,824	\$51,713,688	\$40,447,629	\$50,106,042	\$33,147,776	

STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: WV

TYPE OF SERVICE	FY 2	2008	FY 2	2009	FY 2010		
THE OF SERVICE	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED	
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$31,778,884	\$1,474,984	\$33,807,647	\$	\$ 3,240,512	\$	
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$10,182,611	\$23,848,605	\$8,029,100	\$	\$22,255,683	\$	
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$3,050,366	\$	\$3,063,275	\$	\$ 8,126,592	\$	
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$10,616,232	\$2,058,348	\$11,358,479	\$	\$3,634,776	\$	
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$55,628,093	\$35,052,058	\$56,258,501	\$0	\$37,257,563	\$	

None

FIELD LEVEL NOTES

Section Number: Form5_Main Field Name: DirectHCBudgeted Row Name: Direct Health Care Services

Column Name: Budgeted

Year: 2010 Field Note:

In prior year, budgeted and expended amounts were categorized incorrectly according to the type of services.

Section Number: Form5_Main Field Name: DirectHCExpended Row Name: Direct Health Care Services

Column Name: Expended

Year: 2008 Field Note:

In prior year, budgeted and expended amounts were categorized incorrectly according to the type of services.

Section Number: Form5_Main Field Name: DirectHCExpended Row Name: Direct Health Care Services

Column Name: Expended

Year: 2007 Field Note:

Prior years amounts were not reported according to the service pyramid. These amounts are reflective of revised cost structures.

Section Number: Form5_Main Field Name: EnablingBudgeted Row Name: Enabling Services Column Name: Budgeted

Year: 2010 Field Note:

In prior year, budgeted and expended amounts were categorized incorrectly according to the type of services.

Section Number: Form5_Main Field Name: EnablingExpended Row Name: Enabling Services Column Name: Expended

Year: 2008 Field Note:

In prior year, budgeted and expended amounts were categorized incorrectly according to the type of services.

Section Number: Form5_Main Field Name: EnablingExpended Row Name: Enabling Services Column Name: Expended Year: 2007

Field Note:

Prior years amounts were not reported according to the service pyramid. These amounts are reflective of revised cost structures.

Section Number: Form5_Main Field Name: PopBasedBudgeted Row Name: Population-Based Services

Column Name: Budgeted

Year: 2010 Field Note:

In prior year, budgeted and expended amounts were categorized incorrectly according to the type of services.

Section Number: Form5_Main Field Name: PopBasedExpended Row Name: Population-Based Services

Column Name: Expended

Year: 2008 Field Note:

In prior year, budgeted and expended amounts were categorized incorrectly according to the type of services.

Section Number: Form5_Main Field Name: PopBasedExpended Row Name: Population-Based Services

Column Name: Expended

Year: 2007 Field Note:

Prior years amounts were not reported according to the service pyramid. These amounts are reflective of revised cost structures.

10. Section Number: Form5_Main Field Name: InfrastrBuildBudgeted Row Name: Infrastructure Building Services

Column Name: Budgeted

Year: 2010 Field Note:

In prior year, budgeted and expended amounts were categorized incorrectly according to the type of services.

11. Section Number: Form5_Main Field Name: InfrastrBuildExpended Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2008 Field Note:

In prior year, budgeted and expended amounts were categorized incorrectly according to the type of services.

Section Number: Form5_Main Field Name: InfrastrBuildExpended Row Name: Infrastructure Building Services

Column Name: Expended
Year: 2007
Field Note:
Prior years amounts were not reported according to the service pyramid. These amounts are reflective of revised cost structures.

	FORM 6										
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED											
	Sect. 506(a)(2)(B)(iii)										
STATE: WV											
Fotal Births by Occurrence: 21,917 Reporting Year: 2007											
Total Billio by Coourtonoe											
Type of Screening Tests	(E Needing Tre Received Tr	atment that									
	No.	%	Positive Screens	Cases (2)	No.	%					
Phenylketonuria	21,494	98.1	14	2	2	100					
Congenital Hypothyroidism	21,494	98.1	550	15	15	100					
Galactosemia	21,494	98.1	325	1	1	100					
Sickle Cell Disease	21,494	98.1	242	1	1	100					
Other Screening	(Specify)										
Biotinidase Deficiency	21,494	98.1	56	3	3	100					
Cystic Fibrosis	17,768	81.1	149	2	2	100					
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	21,494	98.1	149	2	2	100					
Screening Progra	ams for Older Ch	ildren & Wome	n (Specify Tests	by name)							
(2) Report only the	(1) Use occurrent births as denominator. (2) Report only those from resident births. (3) Use number of confirmed cases as denominator.										

FIELD LEVEL NOTES

1. Section Number: Form6_Main Field Name: BirthOccurence
Row Name: Total Births By Occurence

Column Name: Total Births By Occurence

Field Note: 2007 births

Section Number: Form6_Main Field Name: Galactosemia_Confirmed Row Name: Galactosemia

Column Name: Confirmed Cases Year: 2010 Field Note: D/G=5 Carr=6

Section Number: Form6_Other Screening Types Field Name: Other Row Name: All Rows Column Name: All Columns Name: All Columns

Year: 2010 Field Note:

Cystic Fibrosis screening began March 2008

Number of Individuals Served (Unduplicated) under Title V (BY Class of Individuals and Percent of Health Coverage)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: WV

Reporting Year: 2007

	TITLE V	PRIMARY SOURCES OF COVERAGE						
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %		
Pregnant Women	21,034	60.0	0.0	39.0	0.0	1.0		
Infants < 1 year old	20,433	67.0	0.0	33.0	0.0	0.0		
Children 1 to 22 years old	433,844	44.0	0.0	52.0	4.0	0.0		
Children with Special Healthcare Needs	69,567	69.0	0.0	26.0	0.0	5.0		
Others	6,500	90.0	0.0	0.0	0.0	10.0		
TOTAL	551,378							

None

FIELD LEVEL NOTES

 Section Number: Form7_Main Field Name: PregWomen_XIX Row Name: Pregnant Women Column Name: Title XIX %

Year: 2010 Field Note:

based upon 2007 PRAMS data - delivery paid by Medicaid

2. Section Number: Form7_Main Field Name: PregWomen_Private Row Name: Pregnant Women Column Name: Private/Other %

Year: 2010 Field Note:

based upon 2007 PRAMS data - delivery paid by Insurance

 Section Number: Form7_Main Field Name: Children_1_22_TS Row Name: Children 1 to 22 years of age Column Name: Title V Total Served

Year: 2010 Field Note:

used children 1-20 based upon reports from Medicaid

4. Section Number: Form7_Main Field Name: AllOthers_TS Row Name: Others

Column Name: Title V Total Served

Year: 2010 Field Note:

Includes others served by Title V not included in Children with Special Health Care Needs: children in Birth To Three/IDEA/Part C, children with lead poisoning, children with metabolic disorders, children with positive hearing loss, and children with birth defects.

FORM 8 DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX (BY PACE AND ETHNICITY)

XIX
(BY RACE AND ETHNICITY)
[Sec. 506(A)(2)(C-D)]
STATE: WV

Reporting Year: 2007

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown			
DELIVERIES	DELIVERIES										
Total Deliveries in State	22,017	20,985	771	24	90	91	56	0			
Title V Served	22,017	20,985	771	24	90	91	56	0			
Eligible for Title XIX	13,205	12,591	501	14	27	36	36	0			
INFANTS											
Total Infants in State	20,443	18,892	911	39	160	9	432	0			
Title V Served	20,443	18,892	911	39	160	9	432	0			
Eligible for Title XIX	12,335	11,335	610	23	70	8	289	0			

II. UNDUPLICATED COUNT BY ETHNICITY

	(A) NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not	(B.1)	(B.2)	(B.3)	(D.4)	(==)		
DELIVERIES		Latillo	Reported	Mexican	Cuban	Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown		
	Deliveries									
Total Deliveries in State	21,733	284	0	0	0	0	0	284		
Title V Served	21,733	284	0	0	0	0	0	284		
Eligible for Title	13,020	185	0	0	0	0	0	185		
INFANTS										
Total Infants in State	20,204	239	0	0	0	0	0	239		
Title V Served	20,204	239	0	0	0	0	0	239		
Eligible for Title XIX	12,122	160	0	0	0	0	0	160		

FIELD LEVEL NOTES

Section Number: Form8_I. Unduplicated Count By Race Field Name: DeliveriesTitleV_All

Row Name: Title V Served Column Name: Total All Races

All are considered served by Title V based upon newborn metabolic screening.

Section Number: Form8_I. Unduplicated Count By Race Field Name: InfantsTotal_All

Row Name: Total Infants in State Column Name: Total All Races Year: 2010 Field Note: test

Section Number: Form8_II. Unduplicated Count by Ethnicity Field Name: InfantsTotal_TotalNotHispanic Row Name: Total Infants in State Column Name: Total Not Hispanic or Latino Year: 2010

Field Note: test

FORM 9 STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM [Secs. 505(A)(E) AND 509(A)(B)] STATE: WV

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	(800)642-8522	(800)642-8522	(800)642-8522	(800)642-8522	(800) 642-8522
2. State MCH Toll-Free "Hotline" Name	MCFH Systems Point of Entry	MCFH SYSTEMS POINT OF ENTRY			
3. Name of Contact Person for State MCH "Hotline"	Theresa Vance, L.S.W.	Theresa Vance	Sharon Pauley, RN	Sharon Pauley, RN	SHARON PAULEY,RN
Contact Person's Telephone Number	(304)558-5388	(304)558-5388	(304)558-5388	(304)558-5388	(304) 558-5388
5. Contact Person's Email	linda.l.shaffer@wv.gov				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	15,563	22,795	24,880

FORM 9 STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL) [Secs. 505(A)(E) AND 509(A)(B)] STATE: WV

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9
None

FIELD LEVEL NOTES

None

FORM 10 TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2010 [SEC. 506(A)(1)]

STATE: WV

1. State MCH Administration:

The Office of Maternal, Child, and Family Health (OMCFH) is the agency in West Virginia State government which administers Title V. The OMCFH is located within the State's Bureau for Public Health. The Bureau's overall goal is to attain and maintain a healthier environment for West Virginians by placing special emphasis on community-based programming that facilitates an accessible service delivery system. In line with the Bureau for Public Health, the Öffice of Maternal, Child and Family Health provides operational guidance and support to providers throughout West Virginia to improve the health of families. In addition to providing funding support for actual service delivery, the Office of Maternal, Child and Family health funds projects intended to develop new knowledge that will ultimately improve the service delivery of the health community. The Office of Maternal, Child and Family Health is comprised of multiple divisions, programs, and projects all designed to promote improved health care access and increased utilization of preventive care. OMCFH's organizational structure includes the Division of Women and Perinatal Services; Division of Infant, Child and Adolescent Health including the CSHCN Program; and the Division of Research, Evaluation and Planning. Among the services included within the OMCFH's Administrative control are: administration of the State's EPSDT Program; administration of the State's Perinatal Program, Right From the Start, for indigent and uninsured women; the State's Early Intervention/Part C Program; a SPRANS grant focusing on eary childhood; an SSDI Project focusing on integration of Program data; the Birth Defects Surveillance System; the Newborn Metabolic and Hearing Screening Programs; and in partnership with the Centers for Disease Control and Prevention, the State's Breast and Cervical Cancer Screening Program as well as the State's Childhood Lead Poisoning Prevention Project and PRAMS, a surveillance system for Pregnancy Risk Monitoring.

Block Grant Funds		
2. Federal Allocation (Line 1, Form 2)	\$ 6,412,094	
3. Unobligated balance (Line 2, Form 2)	\$ 0	
4. State Funds (Line 3, Form 2)	\$ 16,845,469	
5. Local MCH Funds (Line 4, Form 2)	\$ 0	
6. Other Funds (Line 5, Form 2)	\$ 0	
7. Program Income (Line 6, Form 2)	\$ 14,000,000	
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 37,257,563	
9. Most significant providers receiving MCH funds:		
	Birth to Three	E/Early Intervention Practitioners Community Health Centers
	 Birth to Three	·
	Birth to Three	Community Health Centers
10. Individuals served by the Title V Program (Col. A, Form 7)	Birth to Three	Community Health Centers Local Health Departments
	Birth to Three	Community Health Centers Local Health Departments
10. Individuals served by the Title V Program (Col. A, Form 7)		Community Health Centers Local Health Departments
10. Individuals served by the Title V Program (Col. A, Form 7) a. Pregnant Women	21,034	Community Health Centers Local Health Departments
10. Individuals served by the Title V Program (Col. A, Form 7) a. Pregnant Women b. Infants < 1 year old	21,034 20,433	Community Health Centers Local Health Departments

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

Direct medical care and enabling services include: CSHCN, EPSDT, MCFH Toll-free line, Adolescent Health Initiative, Access to Rural Transportation (ART), Breast and Cervical Cancer Treatment Fund (Title XV/XIX), Right From The Start (State's Perinatal case management), Birth to Three (Early Intervention/Part C), Pre-Émployment services (Dental/vision for Welfare to Work), Single Point of Entry (casemanagement and referral for all populations). Title V plans and provides direct services, including care coordination and care management for children with special health care needs through clinics available throughout the state as well as through private health care providers located in a child and family's community, if available. Title V assures access to these clinics and private providers to all children with special health care needs that meet income and diagnostic criteria. The clinical network is staffed by medical school physicians and board certified private practitioners working alongside state employed nurses and social workers. Increasing access for eligible children to participate in EPSDT/HealthCheck services is also a focus of West Virginia's OMCFH which administers the Program. The Office also supports a community based network of providers responsible for home visiting, case management, and supportive services offered to the perinatal populations (RFTS). All personnel participating in home visiting under the auspices of RFTS are licensed clinical social workers and nurses. The Children's Dentistry Project (CDP) is a component of the Division of Infant, Child and Adolescent Health and is housed within OMCFH. The CDP has contracts with local health departments and individuals to offer education to students in public schools.

b. Population-Based Services:

Population based services include: screening programs for newborn metabolic, newborn hearing, lead poisoning, newborn high risk (Birth Score), birth defects, and breast and cervical cancer. Others include: pregnancy testing and tracking, outreach and public education, children's dentitry, family planning, SIDS, and abstinence education. The Office of Maternal, Child and Family Health, in conjunction with the Office of Laboratory Services, maintains the State's Newborn Metabolic Screening Project. All newborn infants are screened for inborn errors of metabolism. All infants with abnormal results are followed by nurse case manager within the OMCFH. Genetic counseling and consultation is provided by the Genetics Program at West Virginia University, in concert with the primary medical practitioner serving the child. PKU and other difficult to get formulas is provided, at no cost, to all infants, children and pregnant women as appropriate.

c. Infrastructure Building Services:

(max 2500 characters)

The OMCFH has maintained an active Quality Assurance Monitoring Team since the 1980's. The mission of the Monitoring Team is to objectively review all services provided in approximately 900 facilities operating under contractual agreements with the OMCFH for the following programs: Family Planning, Pediatrics (EPSDT/HealthCheck), RFTS, BCCSP, Early Intervention/Birth To Three, and Children with Special Health Care Needs. Each program is evaluated based on state and national standards of care such as

AAP, ACOG, etc., to ensure performance expectations are met, as portrayed in formalized working agreements with each site. The Division of Research, Evaluation and Planning is responsible for the research activities including all programmatic data generation and program and project evaluation endeavors, as well as ensuring that the OMCFH's planning efforts are data driven. All of the OMCFH program specific data personnel are housed and work from the Research Division.

12. The primary Title V Program contact person:

13. The children with special health care needs (CSHCN) contact person:

Name	Pat Moss	Name	Christina Mullins
Title	OMCFH Director	Title	Director, ICAH
Address	350 Capitol St. Rm 427	Address	350 Capitol St. Rm 427
City	Charleston	City	Charleston
State	WV	State	WV
Zip	25301	Zip	25301
Phone	304-558-5388	Phone	304-558-5388
Fax	304-558-4984	Fax	304-558-4984
Email	pat.m.moss@wv.gov	Email	christina.r.mullins@wv.gov
Web	www.wvdhhr.org	Web	www.wvdhhr.org

FORM NOTES FOR FORM 10
None

FIELD LEVEL NOTES

None

TRACKING PERFORMANCE MEASURES [Secs 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)] STATE: WV

Form Level Notes for Form 11

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

wborn screening programs.						
	Annual Objective and Performance Data					
	2004	2005	2006	2007	2008	
Annual Performance Objective	100	100	100	100	100	
Annual Indicator	100.0	100.0	100.0	100.0	100.0	
Numerator	19	18	25	27	26	
Denominator	19	18	25	27	26	
Data Source					Newborn Metabolic Screening	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Final	
		Annual C	Objective and Perfor	mance Data		
	2009	2010	2011	2012	2013	
Annual Performance Objective	100	100	100	100	100	
Annual Indicator Numerator	Please fill in only the not required for future		above years. Numera	tor, Denominator and	Annual Indicators are	

Field Level Notes

1. Section Number: Form11_Performance Measure #1

Denominator

Field Name: PM01 Row Name: Column Name: Year: 2006 Field Note: from state lab

PERFORMANCE MEASURE # 02						
The percent of children with special health care needs age 0 to 18 year (CSHCN survey)	ars whose families p	artner in decision mal	king at all levels and a	are satisfied with the s	services they receive.	
	Annual Objective and Performance Data					
	2004	2005	2006	2007	2008	
Annual Performance Objective	75	60	65	56.1	65	
Annual Indicator	56.1	56.1	56.1	56.1	56.2	
Numerator			39,000	39,060	39,100	
Denominator			69,567	69,567	69,567	
Data Source					CSHCN Survey	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Provisional	
		Annual C	Objective and Perfor	mance Data		
	2009	2010	2011	2012	2013	
Annual Performance Objective	60	60	60	60	60	
Annual Indicator Numerator Denominator	Please fill in only the not required for future	ne Objectives for the a ure year data.	bove years. Numerat	or, Denominator and	Annual Indicators are	

1. Section Number: Form11_Performance Measure #2

Field Name: PM02 Row Name: Column Name: Year: 2008 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. Section Number: Form11_Performance Measure #2

Field Name: PM02 Row Name: Column Name: Year: 2007 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. Section Number: Form11_Performance Measure #2 Field Name: PM02

Field Name: PM02 Row Name: Column Name: Year: 2006 Field Note:

PERFORMANCE MEASURE # 03					
The percent of children with special health care needs age 0 to 18 wh	o receive coordinate	ed, ongoing, compreh	ensive care within a r	nedical home. (CSHC	N Survey)
		Annual C	Objective and Perfor	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective		60	60	60	58
Annual Indicator	56.9	56.9	50.5	50.5	51.0
Numerator			35,100	35,100	35,500
Denominator			69,567	69,567	69,567
Data Source					CSHCN 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
		Annual C	Objective and Perfor	mance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective	58	58	60	60	60
Annual Indicator Numerator Denominator	Please fill in only th		above years. Numera	or, Denominator and	Annual Indicators are

1. Section Number: Form11_Performance Measure #3 Field Name: PM03

Field Name: PM03
Row Name:
Column Name:
Year: 2008
Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

2. Section Number: Form11_Performance Measure #3

Field Name: PM03 Row Name: Column Name: Year: 2007 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

3. Section Number: Form11_Performance Measure #3 Field Name: PM03

Field Name: PM0 Row Name: Column Name: Year: 2006 Field Note:

PERFORMANCE MEASURE # 04					
The percent of children with special health care needs age 0 to 18 wh Survey)	ose families have ad	dequate private and/or	r public insurance to	pay for the services th	ey need. (CSHCN
		Annual C	bjective and Perfor	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective		65	65	65	65
Annual Indicator	59.8	59.8	59.8	64.2	64.6
Numerator			41,570	44,650	44,950
Denominator			69,567	69,567	69,567
Data Source					CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
		Annual C	bjective and Perfor	mance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective	65	65	65	65	65
Annual Indicator Numerator Denominator	Please fill in only th	ne Objectives for the a ure year data.	bove years. Numera	or, Denominator and	Annual Indicators are

1. Section Number: Form11_Performance Measure #4

Field Name: PM04 Row Name: Column Name: Year: 2008 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

2. Section Number: Form11_Performance Measure #4

Field Name: PM04 Row Name: Column Name: Year: 2007 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

3. Section Number: Form11_Performance Measure #4
Field Name: PM04
Row Name:

Field Name: PM0 Row Name: Column Name: Year: 2006 Field Note:

PERFORMANCE MEASURE # 05						
Percent of children with special health care needs age 0 to 18 whose Survey)	families report the c	ommunity-based serv	ice systems are orga	nized so they can use	them easily. (CSHCN	
	Annual Objective and Performance Data					
	2004	2005	2006	2007	2008	
Annual Performance Objective		75	75	75	90	
Annual Indicator	73.1	73.1	73.1	89.7	89.9	
Numerator			50,850	62,420	62,520	
Denominator			69,567	69,567	69,567	
Data Source					CSHCN Survey	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Provisional	
		Annual C	Objective and Perfor	mance Data		
	2009	2010	2011	2012	2013	
Annual Performance Objective	90	90	90	90	90	
Annual Indicator Numerator Denominator	Please fill in only the not required for future		bove years. Numera	tor, Denominator and	Annual Indicators are	

1. Section Number: Form11_Performance Measure #5

Field Name: PM05 Row Name: Column Name: Year: 2008 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

2. Section Number: Form11_Performance Measure #5

Field Name: PM05 Row Name: Column Name: Year: 2007 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

3. Section Number: Form11_Performance Measure #5 Field Name: PM05 Row Name:

Field Name: PM0 Row Name: Column Name: Year: 2006 Field Note:

PERFORMANCE MEASURE # 06					
The percentage of youth with special health care needs who received and independence.	the services neces	sary to make transitior	ns to all aspects of ac	lult life, including adul	t health care, work,
		Annual C	bjective and Perfor	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective		6	6	6	41.3
Annual Indicator	5.8	5.8	41.3	41.3	41.4
Numerator			28,700	28,700	28,800
Denominator	·		69,567	69,567	69,567
Data Source					CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
		Annual C	Objective and Perfor	mance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective	42	43	43	43	43
Annual Indicator Numerator Denominator	Please fill in only the not required for fut	ne Objectives for the a ure year data.	bove years. Numera	tor, Denominator and	Annual Indicators are

1. Section Number: Form11_Performance Measure #6

Field Name: PM06 Row Name: Column Name: Year: 2008 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

2. Section Number: Form11_Performance Measure #6

Field Name: PM06 Row Name: Column Name: Year: 2007 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

3. Section Number: Form11_Performance Measure #6
Field Name: PM06
Row Name:

Field Name: PM0 Row Name: Column Name: Year: 2006 Field Note:

PERFORMANCE MEASURE # 07					
Percent of 19 to 35 month olds who have received full schedule of agr Haemophilus Influenza, and Hepatitis B.	e appropriate immur	nizations against Meas	sles, Mumps, Rubella	ı, Polio, Diphtheria, Te	etanus, Pertussis,
		Annual C	Objective and Perfor	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective	90	85	95	95	95
Annual Indicator	93.5	93.5	90.3	93.3	93.1
Numerator	58,000	58,000	56,000	57,850	57,710
Denominator	62,000	62,000	62,000	62,000	62,000
Data Source					2008 Immunization Data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final
		Annual C	Objective and Perfor	mance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective	95	96	96	96	96
Annual Indicator Numerator Denominator	Please fill in only th		above years. Numerat	tor, Denominator and	Annual Indicators are

1. Section Number: Form11_Performance Measure #7

Field Name: PM07 Row Name: Column Name: Year: 2008 Field Note:

WV Immunization Program 2008...numbers were provided for individual immunizations (DTaP-4: 86%, IPV-3: 93.8%, MMR-1: 94.2%, Hib-3: 96.1%, Hep B-3: 95.5%)...numbers were added together and divided by total number for overall percentage

2. Section Number: Form11_Performance Measure #7

Field Name: PM07 Row Name: Column Name: Year: 2007 Field Note:

WV Immunization Program 2007...numbers were provided for individual immunizations (DTaP: 86.2%, Polio: 94.5%, MMR: 95.1%, Hib: 96.1%, Hep B: 94.7%)...numbers were added together and divided by total number for overall percentage

3. Section Number: Form11_Performance Measure #7

Field Name: PM07 Row Name: Column Name: Year: 2006 Field Note:

WV Immunization Program as of June 2006...numbers were provided for individual immunizations...numbers were added together and divided by total number for percentage

PERFORMANCE MEASURE # 08					<u> </u>
The rate of birth (per 1,000) for teenagers aged 15 through 17 years.					
		Annual C	Objective and Perfor	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective	20	19	19	19	19
Annual Indicator	20.1	20.0	20.9	20.7	19.8
Numerator	712	707	739	733	700
Denominator	35,411	35,411	35,411	35,411	35,411
Data Source	ı				2007 Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)	! 				
Is the Data Provisional or Final?				Final	Provisional
		<u>Annual (</u>	Objective and Perfor	mance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective	19	18	18	18	18
Annual Indicator Numerator	Please fill in only the not required for future.	he Objectives for the a ure year data.	above years. Numera	tor, Denominator and	Annual Indicators are

Denominator

Field Level Notes

1. Section Number: Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2008
Field Note: Field Note:

Based upon 2007 Vital Statistics

2. Section Number: Form11_Performance Measure #8 Field Name: PM08

Row Name: Column Name: Year: 2007 Field Note: 2007 Vital Statistics

3. Section Number: Form11_Performance Measure #8 Field Name: PM08

Row Name: Column Name: Year: 2006
Field Note: 2006 Vital Statistics

PERFORMANCE MEASURE # 09					
Percent of third grade children who have received protective sealants	on at least one perr	manent molar tooth.			
		Annual (Objective and Perfor	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective	50	33	35	38	30
Annual Indicator	30.0	33.3	37.5	55.9	56.1
Numerator	1,039	1,416	1,309	11,461	11,500
Denominator	3,466	4,256	3,488	20,485	20,485
Data Source					Health Care Authority
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
	Annual Objective and Performance Data				
	2009	2010	2011	2012	2013
Annual Performance Objective	57	57	58	58	59
Annual Indicator Numerator Denominator	Please fill in only the not required for future		above years. Numera	tor, Denominator and	Annual Indicators are

1. Section Number: Form11_Performance Measure #9

Field Name: PM09 Row Name: Column Name: Year: 2008 Field Note:

Previous years not calculated or reported correctly.

Based upon 2006 data from Health Care Authority with Medicaid children with procedure code of D1351 (sealant) by age group.

Denominator from Vital Statistics and US Census.

2. Section Number: Form11_Performance Measure #9

Field Name: PM09 **Row Name:** Column Name: Year: 2007 Field Note:

Previous years not calculated or reported correctly.

Based upon 2006 data from Health Care Authority with Medicaid children with procedure code of D1351 (sealant) by age group.

Denominator from Vital Statistics and US Census.

3. Section Number: Form11_Performance Measure #9

Field Name: PM09 Row Name: Column Name: Year: 2006 Field Note:

The Children's Dentistry Project covers 45 of WV's 55 counties and is being used as representative for the state's 3rd graders.

	Annual Objective and Performance Data								
	2004		2005		2006	2007		2008	
Annual Performance Objective		3.5		3.5		3	3.3		3.9
Annual Indicator		6.1		3.6	4.	.6	5.4		4.7
Numerator		20		12	1	15	17		15
Denominator		329,137		329,137	329,13	.7	316,809	31	16,809
Data Source	,							2007 Vital S	Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)	· 					- —			
Is the Data Provisional or Final?						Final		Provisional	
		Annual Objective and Performance Data							
	2009		2010		2011	2012		2013	
Annual Performance Objective		4.5		4.5	4.	.5	4		4
Annual Indicator Numerator	Please fill	ll in only th	ie Object	ves for the a	above years. Nume	erator, Denc	minator and	Annual Indica	ators are

Denominator

Field Level Notes

1. Section Number: Form11_Performance Measure #10 Field Name: PM10 Row Name: Column Name: Year: 2008 Field Note: Field Note:

Based upon 2007 Vital Statistics

2. Section Number: Form11_Performance Measure #10

Field Name: PM10 Row Name: Column Name: Year: 2007 Field Note: 2007 Vital Statistics

3. Section Number: Form11_Performance Measure #10 Field Name: PM10

Row Name: Column Name: Year: 2006 Field Note: 2006 Vital Stats

PERFORMANCE MEASURE # 11								
The percent of mothers who breastfeed their infants at 6 months of ag	je.							
		<u>Annual</u>						
	2004	2005	2006	2007	2008			
Annual Performance Objective	*		35	35	60			
Annual Indicator		32.0	56.0	32.5	33.9			
Numerator	,	6,700	11,730	7,155	7,500			
Denominator	, <u> </u>	20,920	20,931	22,017	22,100			
Data Source)				2007 PRAMS			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)	! !							
Is the Data Provisional or Final?				Final	Provisional			
		Annual Objective and Performance Data						
	2009	2010	2011	2012	2013			
Annual Performance Objective	35	35	35	40	40			
Annual Indicator	Please fill in only th	ne Objectives for the	above years. Numera	tor Denominator and	Annual Indicators at			
Numerator	not required for fut		above years. Humera	.or, Denominator and	Alliudi Ilidiodiois di			

Denominator

Field Level Notes

1. Section Number: Form11_Performance Measure #11 Field Name: PM11

Field Name: PM11 Row Name: Column Name: Year: 2008 Field Note:

based upon 2007 PRAMS data - mom breastfeeding at 8 weeks

The Annual performance objective should be 35 and not 60

2. Section Number: Form11_Performance Measure #11 Field Name: PM11

Field Name: PM Row Name: Column Name: Year: 2007 Field Note:

Field Note: 2007 PRAMS data - mom breastfeeding at 8 weeks

3. Section Number: Form11_Performance Measure #11 Field Name: PM11

Field Name: PM Row Name: Column Name: Year: 2006 Field Note:

PRAMS data - mothers who initiated and breastfed for any period of time

			Annual (Objective and Perfori	mance Data	
	2004	2005		2006	2007	2008
Annual Performance Objective		98	98.5	99	99	99
Annual Indicator	90	.2	93.7	91.9	94.7	95.0
Numerator	18,86	38	19,526	19,431	20,843	21,000
Denominator	20,91	<u>.1</u>	20,834	21,137	22,017	22,100
Data Source						Birth Score Office
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)		- —				
Is the Data Provisional or Final?					Final	Provisional
			Annual (Objective and Perfori	mance Data	
	2009	2010		2011	2012	2013
Annual Performance Objective		99	99	99	99	99
Annual Indicator Numerator	Please fill in on	lv the Obiec	tives for the	above vears. Numera	tor, Denominator and	Annual Indicators

1. Section Number: Form11_Performance Measure #12 Field Name: PM12

Field Name: PM12 Row Name: Column Name: Year: 2008 Field Note:

based upon 2007 WVU Birth Score Data - infants screened before hospital discharge

Denominator

2. Section Number: Form11_Performance Measure #12

Field Name: PM12 Row Name: Column Name: Year: 2007 Field Note:

2007 WVU Birth Score Data - infants screened before hospital discharge

3. Section Number: Form11_Performance Measure #12 Field Name: PM12

Field Name: PM1 Row Name: Column Name: Year: 2006 Field Note:

2006 WVU Birth Score Data - infants screened before hospital discharge

PERFORMANCE MEASURE # 13					
Percent of children without health insurance.					
		<u>Annual</u>	Objective and Perfor	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective	5	5	4	5.7	4.3
Annual Indicator	5.6	5.8	5.7	4.5	4.5
Numerator	24,025	24,664	24,500	19,057	19,057
Denominator	427,879	427,879	427,879	427,879	427,879
Data Source					2008 CHIP Annual Report
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final
		<u>Annual</u>	Objective and Perfor	mance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective	4.2	4	4	3.5	3.5
Annual Indicator Numerator	Please fill in only	the Objectives for the	above years. Numera	tor, Denominator and	Annual Indicators ar

1. Section Number: Form11_Performance Measure #13
Field Name: PM13
Row Name:
Column Name:

Year: 2008
Field Note:
2008 CHIP Annual Report - data for fiscal year ended June 30, 2008

2. Section Number: Form11_Performance Measure #13 Field Name: PM13

Row Name: Column Name: Year: 2007

2007 CHIP Annual Report - data for fiscal year ended June 30, 2007

	•	x (BMI) at or above th	0 00 po. 00		
		Annual C	Objective and Perform	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective			25	24	23
Annual Indicator		27.2	25.0	24.0	27.4
Numerator		6,488	5,899	4,938	5,169
Denominator		23,861	23,611	20,556	18,835
Data Source					2008 WIC Data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final
		Annual (Objective and Perform	mance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective	25	25	25	25	25
Annual Indicator Numerator	Please fill in only the	he Objectives for the a	above vears. Numerat	or, Denominator and	Annual Indicators a

1. Section Number: Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2008
Field Note: Field Note: 2008 WIC data

2. Section Number: Form11_Performance Measure #14 Field Name: PM14

Row Name: Column Name: Year: 2007 Field Note: 2007 WIC data

3. Section Number: Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2006
Field Note: 2006 WIC data

PERFORMANCE MEASURE # 15					
Percentage of women who smoke in the last three months of pregnand	cy.				
		Annual C	Objective and Perform	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective			25	27	26
Annual Indicator		25.3	29.0	30.0	27.1
Numerator		5,225	6,075	6,595	6,000
Denominator		20,630	20,931	22,017	22,100
Data Source					2006 PRAMS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
		Annual C	Objective and Perfori	mance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective	26	25	25	25	25
	Please fill in only the not required for future		above years. Numerat	tor, Denominator and <i>i</i>	Annual Indicators are

1. Section Number: Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2008
Field Note: Field Note:

based upon 2007 PRAMS data

2. Section Number: Form11_Performance Measure #15

Field Name: PM15 Row Name: Column Name: Year: 2007 Field Note: 2007 PRAMS data

3. Section Number: Form11_Performance Measure #15 Field Name: PM15

Row Name: Column Name: Year: 2006 Field Note: 2006 PRAMS data

PERFORMANCE MEASURE # 16					!
The rate (per 100,000) of suicide deaths among youths aged 15 throu	ıgh 19.				ļ
		Annual C	Objective and Perfor	mance Data	!
	2004	2005	2006	2007	2008
Annual Performance Objective	6	6	5	7	7.5
Annual Indicator	9.6	8.0	11.1	7.7	6.8
Numerator	12	10	14	9	8
Denominator	r 125,578	125,578	125,578	117,478	117,478
Data Source	;				2007 Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)	i r 				
Is the Data Provisional or Final?	•			Final	Provisional
		Annual C	Objective and Perfor	rmance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective	6.5	6.5	6	6	6
Annual Indicator		he Objectives for the a	shova veare Numera	tor Denominator and	Annual Indicators are
Numerator	not required for futu		bove years. Numera	.or, Denominator and	Allitual Illulcators are

Denominator

Field Level Notes

1. Section Number: Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2008
Field Neto: Field Note:

Based upon 2007 Vital Statistics

2. Section Number: Form11_Performance Measure #16

Field Name: PM16 Row Name: Column Name: Year: 2007 Field Note: 2007 Vital Statistics

3. Section Number: Form11_Performance Measure #16 Field Name: PM16

Row Name: Column Name: Year: 2006 Field Note: 2006 Vital Statistics

PERFORMANCE MEASURE # 17					
Percent of very low birth weight infants delivered at facilities for high-r	isk deliveries and ne	eonates.			
		Annual C	Objective and Perfor	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective	100	85	98	98	98
Annual Indicator	96.5	97.3	84.9	82.9	83.3
Numerator	248	250	258	248	250
Denominator	257	257	304	299	300
Data Source					2007 Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
		·	Objective and Perfor		
	2009	2010	2011	2012	2013
Annual Performance Objective	90	90	90	90	90
Annual Indicator Numerator Denominator	Please fill in only th not required for futu		above years. Numera	or, Denominator and a	Annual Indicators are

1. Section Number: Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2008
Field Note: Field Note:

Based upon 2007 Vital Statistics - calculated only on WV residents born in state facilities

2. Section Number: Form11_Performance Measure #17

Field Name: PM17 Row Name: Column Name: Year: 2007 Field Note:

2007 Vital Statistics - calculated only on WV residents born in state facilities

Percent of infants born to pregnant women receiving prenatal care beg	jinning in the f	rst trimest	er.			
			Annual (Objective and Perfor	mance Data	
	2004	200	15	2006	2007	2008
Annual Performance Objective		88	88	89	89	90
Annual Indicator	8	3.0	85.0	83.6	82.0	83.7
Numerator	17,3	350	17,700	17,500	18,060	18,500
Denominator	20,9	<u>)11</u>	20,834	20,931	22,017	22,100
Data Source				<u> </u>		2007 Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Final	Provisional
			<u>Annual (</u>	Objective and Perfor	mance Data	
	2009	201	0	2011	2012	2013
Annual Performance Objective		90	90	90	90	90
Annual Indicator Numerator	Please fill in c	nly the Ob	jectives for the a	above years. Numerat	tor, Denominator and	Annual Indicators are

Denominator

Field Level Notes

1. Section Number: Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2008
Field Neto: Field Note:

Based upon 2007 Vital Statistics

2. Section Number: Form11_Performance Measure #18

Field Name: PM18 Row Name: Column Name: Year: 2007 Field Note: 2007 Vital Statistics

3. Section Number: Form11_Performance Measure #18 Field Name: PM18

Row Name: Column Name: Year: 2006 Field Note: 2006 PRAMS data

STATE PERFORMANCE MEASURE # 1								
Decrease the percentage of high school students in grades 9-12 who	are overweight or ob	oese.						
	Annual Objective and Performance Data							
	2004	2005	2006	2007	2008			
Annual Performance Objective			12	12	12			
Annual Indicator	13.0	14.5	14.0	14.7	14.5			
Numerator	16,325	18,250	17,600	18,400	18,200			
Denominator	125,578	125,578	125,578	125,578	125,578			
Data Source					2007 YRBS			
Is the Data Provisional or Final?				Final	Provisional			
		Annual C	Objective and Perfor	mance Data				
	2009	2010	2011	2012	2013			
Annual Performance Objective	12	11	11	10	10			
Annual Indicator Numerator Denominator	Please fill in only th not required for futu		above years. Numerat	or, Denominator and	Annual Indicators are			

1. Section Number: Form11_State Performance Measure #1

Field Name: SM1 Row Name: Column Name: Year: 2008 Field Note:

based upon 2007 YRBS

2. Section Number: Form11_State Performance Measure #1 Field Name: SM1 Row Name:

Field Name: SM Row Name: Column Name: Year: 2007 Field Note: 2007 YRBS

3. Section Number: Form11_State Performance Measure #1 Field Name: SM1 Row Name:

Field Name: SM² Row Name: Column Name: Year: 2006 Field Note:

Based upon 2005 YRBS

STATE PERFORMANCE MEASURE # 2					
Decrease the percentage of high school students who smoke cigarette	es daily.				
		Annual C	bjective and Perfor	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective			19	18.5	18
Annual Indicator	21.5	19.3	19.0	19.5	19.4
Numerator	26,999	24,236	23,800	24,500	24,300
Denominator	125,578	125,578	125,578	125,578	125,578
Data Source					2007 YRBS
Is the Data Provisional or Final?				Final	Provisional
		Annual C	Objective and Perfor	mance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective	17.5	17	16.5	16	16
	Please fill in only the not required for future		bove years. Numerat	or, Denominator and	Annual Indicators are

1. Section Number: Form11_State Performance Measure #2

Field Name: SM2 Row Name: Column Name: Year: 2008 Field Note:

Based upon 2007 YRBS

2. Section Number: Form11_State Performance Measure #2 Field Name: SM2 Row Name:

Field Name: SM Row Name: Column Name: Year: 2007 Field Note: 2007 YRBS

3. Section Number: Form11_State Performance Measure #2 Field Name: SM2 Row Name:

Field Name: SM. Row Name: Column Name: Year: 2006 Field Note:

Based upon 2005 YRBS

STATE PERFORMANCE MEASURE # 3					
Decrease the percentage of pregnant women who smoke.					
		Annual C	Objective and Perfor	rmance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective			24	23	22
Annual Indicator	27.0	32.0	29.0	30.0	27.1
Numerator	5,650	6,670	6,070	6,595	6,000
Denominator	20,911	20,834	20,931	22,017	22,100
Data Source					2006 PRAMS
Is the Data Provisional or Final?				Final	Provisional
		Annual C	Objective and Perfor	rmance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective	21	20	20	20	20
Annual Indicator Numerator Denominator	Please fill in only th not required for futu		above years. Numera	tor, Denominator and	Annual Indicators are

1. Section Number: Form11_State Performance Measure #3

Field Name: SM3 Row Name: Column Name: Year: 2008 Field Note:

based upon 2007 PRAMS data - mom smoked last 3 months of pregnancy

2. Section Number: Form11_State Performance Measure #3
Field Name: SM3
Row Name:

Field Name: SM Row Name: Column Name: Year: 2007 Field Note:

2007 PRAMS data - mom smoked last 3 months of pregnancy

3. Section Number: Form11_State Performance Measure #3 Field Name: SM3 Row Name:

Field Name: SM3 Row Name: Column Name: Year: 2006 Field Note: 2006 PRAMS data

STATE PERFORMANCE MEASURE # 4					
Increase the percentage of women who breastfeed their infants for at	least six (6) weeks a	after birth.			
		Annual (Objective and Perfor	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective			37	38	57
Annual Indicator	30.0	22.0	56.0	32.5	33.9
Numerator	6,270	4,580	11,730	7,150	7,500
Denominator	20,911	20,834	20,931	22,017	22,100
Data Source)				2007 PRAMS
Is the Data Provisional or Final?	1			Final	Provisional
		Annual (Objective and Perfor	mance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective	55	55	55	55	55
Annual Indicator Numerator Denominator	Please fill in only th not required for fut		above years. Numera	tor, Denominator and	Annual Indicators are

1. Section Number: Form11_State Performance Measure #4

Field Name: SM4 Row Name: Column Name: Year: 2008 Field Note:

based upon 2007 PRAMS data - mom breastfeeding at 8 weeks

2. Section Number: Form11_State Performance Measure #4
Field Name: SM4
Row Name:

Field Name: SM Row Name: Column Name: Year: 2007 Field Note:

2007 PRAMS data - mom breastfeeding at 8 weeks

3. Section Number: Form11_State Performance Measure #4 Field Name: SM4 Row Name:

Field Name: SM4 Row Name: Column Name: Year: 2006 Field Note:

2006 PRAMS data - women who initiated and breastfed for any amount of time

STATE PERFORMANCE MEASURE # 5					
Decrease the percentage of high school students who drink alcohol an	nd drive.				
		<u>Annua</u>	l Objective and Perfo	rmance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective			10	10	9.5
Annual Indicator	12.0	10.6	10.4	10.0	9.8
Numerator	15,069	13,300	13,000	12,500	12,300
Denominator	125,578	125,578	125,578	125,578	125,578
Data Source					2007 YRBS
Is the Data Provisional or Final?				Final	Provisional
		<u>Annua</u>	l Objective and Perfo	rmance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective	9	8.5	8	8	8
	Please fill in only not required for fu		e above years. Numera	itor, Denominator and	Annual Indicators are

1. Section Number: Form11_State Performance Measure #5

Field Name: SM5 Row Name: Column Name: Year: 2008 Field Note:

Based upon 2007 YRBS

2. Section Number: Form11_State Performance Measure #5 Field Name: SM5 Row Name:

Field Name: SM: Row Name: Column Name: Year: 2007 Field Note: 2007 YRBS

3. Section Number: Form11_State Performance Measure #5 Field Name: SM5 Row Name:

Field Name: SM5 Row Name: Column Name: Year: 2006 Field Note:

Field Note: Based on 2005 YRBS

STATE PERFORMANCE MEASURE # 6

Decrease the number of high school students who never or rarely wear a seatbelt when riding in a car driven by someone else.

		Annual (Objective and Perfor	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective			15	14.5	14
Annual Indicator	15.2	15.2	15.0	16.6	16.4
Numerator	19,087	19,087	18,800	20,800	20,600
Denominator	125,578	125,578	125,578	125,578	125,578
Data Source					2007 YRBS
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

2009 2010 2011 2012 2013 **Annual Performance Objective** 13.5 13 12

Annual Indicator

Denominator

Numerator Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form11_State Performance Measure #6

Field Name: SM6 Row Name: Column Name: Year: 2008 Field Note:

Based upon 2007 YRBS

2. Section Number: Form11_State Performance Measure #6

Field Name: SM6 Row Name: Column Name: Year: 2007 Field Note: 2007 YRBS

3. Section Number: Form11_State Performance Measure #6

Field Name: SM6 Row Name: Column Name: Year: 2006 Field Note:

Based on 2005 YRBS

STATE PERFORMANCE MEASURE # 7					
Increase the percentage of the state's children <18 who are government	ent sponsored benef	ficiaries who have at l	east one primary care	e visit in a 12-month p	period.
		Annual C	Objective and Perfor	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective			90	90	90
Annual Indicator	87.8	88.2	88.7	89.6	81.4
Numerator	199,564	200,354	232,500	233,427	158,651
Denominator	227,222	227,222	262,222	260,614	194,998
Data Source	1				CMS-416 Fiscal Year 2008 Annual Report
Is the Data Provisional or Final?				Provisional	Final
		Annual C	Objective and Perfor	mance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective	92	92	92	93	93
Annual Indicator		o Objectives for the	hovo voora Numoro	tor Donominator and	Annual Indicators are
Numerator	not required for futu		ibove years. Numera	tor, Denominator and	Annual mulcators are
Denominator	1				

1. Section Number: Form11_State Performance Measure #7 Field Name: SM7 Row Name:

Column Name: Year: 2008 Field Note: CMS-416 Fiscal Year 2008 Annual Report

STATE PERFORMANCE MEASURE # 8

Increase the percentage of high school students who participate in physical activity for at least 20 minutes a day, 3 days a week.

		Annual C	Objective and Perfor	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective			68	69	50
Annual Indicator	66.3	63.7	65.0	42.8	43.0
Numerator	83,258	79,993	81,600	53,700	54,000
Denominator	125,578	125,578	125,578	125,578	125,578
Data Source					2007 YRBS
Is the Data Provisional or Final?				Final	Provisional
		Annual C	Objective and Perfor	mance Data	
	0000	2012	0044	0010	0040

2009 2010 2011 2012 2013 **Annual Performance Objective** 55 55 60

Annual Indicator

Denominator

Numerator Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form11_State Performance Measure #8

Field Name: SM8 **Row Name:** Column Name: Year: 2008 Field Note:

Based upon 2007 YRBS - question is actually stated as percentage of students who were physically active for a total of at least 60 minutes per day on five or more of the past seven days.

2. Section Number: Form11_State Performance Measure #8

Field Name: SM8 **Row Name:** Column Name: Year: 2007 Field Note:

2007 YRBS - question is actually stated as percentage of students who were physically active for a total of at least 60 minutes per day on five or more of the past seven

Section Number: Form11_State Performance Measure #8

Field Name: SM8 Row Name: Column Name: Year: 2006 Field Note:

Based on 2005 YRBS

FORM 12

TRACKING HEALTH OUTCOME MEASURES [Secs 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)] STATE: WV

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01						
The infant mortality rate per 1,000 live births.						
			Objective and Perfor			
	2004	2005	2006	2007	2008	
Annual Performance Objective	6.8	6.7	6.9	6.9	6.8	
Annual Indicator	7.6	8.1	7.4	7.4	7.2	
Numerator	158	168	155	162	160	
Denominator	20,911	20,834	20,931	22,017	22,100	
Data Source					2007 Vital Statistics	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Provisional	
	Annual Objective and Performance Data					
	2009	2010	2011	2012	2013	
Annual Performance Objective	6.8	6.8	6.7	6.7	6.7	
Annual Indicator				·		
Numerator	Please fill in only the not required for fut	ne Objectives for the a	bove years. Numera	tor, Denominator and	Annual Indicators are	
Denominator		ure year uala.				

Field Level Notes

1. Section Number: Form12_Outcome Measure 1

Field Name: OM01 **Row Name:** Column Name: Year: 2008 Field Note:

Based upon 2007 Vital Statistics

2. Section Number: Form12_Outcome Measure 1 Field Name: OM01 Row Name:

Column Name: Year: 2007 Field Note: 2007 Vital Statistics

3. Section Number: Form12_Outcome Measure 1

Field Name: OM01 Row Name: Column Name: Year: 2006 Field Note: 2006 Vital Statistics

OUTCOME MEASURE # 02					
The ratio of the black infant mortality rate to the white infant mortality r	ate.				
			Objective and Perfor		
	2004	2005	2006	2007	2008
Annual Performance Objective	1	1	1	1	0.9
Annual Indicator	2.0	2.0	3.3	3.2	2.5
Numerator	15.1	15.8	23.4	22	15
Denominator	7.4	7.9	7	6.9	6
Data Source					2007 Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
		mance Data			
	2009	2010	2011	2012	2013
Annual Performance Objective	1	1	0.9	0.9	0.9
Annual Indicator Numerator Denominator	Please fill in only th	ne Objectives for the a ure year data.	above years. Numerat	or, Denominator and	Annual Indicators are

1. Section Number: Form12_Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2008
Field Nate: Field Note:

Based upon 2007 Vital Statistics

2. Section Number: Form12_Outcome Measure 2 Field Name: OM02

Row Name: Column Name: Year: 2007 Field Note: 2007 Vital Statistics

3. Section Number: Form12_Outcome Measure 2 Field Name: OM02

Row Name:
Column Name:
Year: 2006
Field Note:
2006 Vital Statistics

OUTCOME MEASURE # 03					
The neonatal mortality rate per 1,000 live births.					
		Annual (Objective and Perfor	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective	4.3	4.1	4.1	4	4
Annual Indicator	4.8	5.1	3.9	4.7	4.5
Numerator	101	106	81	103	100
Denominator	20,911	20,834	20,931	22,017	22,100
Data Source					2007 Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional
			Objective and Perfor		
	2009	2010	2011	2012	2013
Annual Performance Objective	4	4	4	4	4
Annual Indicator Numerator Denominator	Please fill in only the not required for futi		above years. Numera	tor, Denominator and	Annual Indicators are

1. Section Number: Form12_Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2008
Field Nate: Field Note:

Based upon 2007 Vital Statistics

2. Section Number: Form12_Outcome Measure 3 Field Name: OM03

Row Name: Column Name: Year: 2007 Field Note: 2007 Vital Statistics

3. Section Number: Form12_Outcome Measure 3 Field Name: OM03

Row Name: OM03
Row Name:
Column Name:
Year: 2006
Field Note:
2006 Vital Statistics

OUTCOME MEASURE # 04					
The postneonatal mortality rate per 1,000 live births.					
		<u>Annua</u>	al Objective and Perfor	rmance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective	2.1	2.	1 2.1	2.1	2.1
Annual Indicator	2.7	3.	0 3.5	2.7	2.5
Numerator	57	62	2 73	60	55
Denominator	20,911	20,83	20,931	22,017	22,100
Data Source					2007 Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional
		<u>Annua</u>	al Objective and Perfor	rmance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective	2.5	2.	5 2	2	2
	Please fill in only th		ne above years. Numera	utor, Denominator and	Annual Indicators are

1. Section Number: Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2008
Field Nate: Field Note:

Based upon 2007 Vital Statistics

2. Section Number: Form12_Outcome Measure 4 Field Name: OM04

Row Name: Column Name: Year: 2007 Field Note: 2007 Vital Statistics

3. Section Number: Form12_Outcome Measure 4 Field Name: OM04

Row Name: OM04
Row Name:
Column Name:
Year: 2006
Field Note:
2006 Vital Statistics

OUTCOME MEASURE # 05						
The perinatal mortality rate per 1,000 live births plus fetal deaths.						
		Annual C	Objective and Perfor	mance Data		
	2004	2005	2006	2007	2008	
Annual Performance Objective	6.9	6.8	6	6	6	
Annual Indicator	6.5	6.8	8.7	9.9	9.0	
Numerator	135	143	182	219	200	
Denominator	20,911	20,949	20,954	22,127	22,200	
Data Source					2007 Vital Statistics	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.						
Is the Data Provisional or Final?				Final	Provisional	
	Annual Objective and Performance Data					
	2009	2010	2011	2012	2013	
Annual Performance Objective	8	8	7	7	7	
Annual Indicator Numerator	Please fill in only the	he Objectives for the a	above years. Numera	tor, Denominator and	Annual Indicators are	
Denominator		,				

1. Section Number: Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2008
Field Nate: Field Note:

Based upon 2007 Vital Statistics

2. Section Number: Form12_Outcome Measure 5 **Field Name:** OM05

Row Name: Column Name: Year: 2007 Field Note: 2007 Vital Statistics

3. Section Number: Form12_Outcome Measure 5 Field Name: OM05

Row Name: OM05
Row Name:
Column Name:
Year: 2006
Field Note:
2006 Vital Statistics

OUTCOME MEASURE # 06					
The child death rate per 100,000 children aged 1 through 14.					
			I Objective and Perfor		
	2004	2005	2006	2007	2008
Annual Performance Objective	23	22	2 22	21	15
Annual Indicator	26.5	24.3	16.8	24.0	23.6
Numerator	82	75	52	71	70
Denominator	308,961	308,961	308,961	296,366	296,366
Data Source					2007 Vital Statistic
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional
is the Data i Tovisional of I man					riovisional
			I Objective and Perfor		0040
	2009	2010	2011	2012	2013
Annual Performance Objective	21	21	1 20	20	20
Annual Indicator Numerator	Please fill in only t		e above years. Numera	tor, Denominator and	Annual Indicators ar

 Section Number: Form12_Outcome Measure 6
 Field Name: OM06
 Row Name:
 Column Name:
 Year: 2008
 Field Nate: Field Note:

Based upon 2007 Vital Statistics

2. Section Number: Form12_Outcome Measure 6 Field Name: OM06

Row Name: Column Name: Year: 2007 Field Note: 2007 Vital Statistics

3. Section Number: Form12_Outcome Measure 6 Field Name: OM06

Row Name: OM06
Row Name:
Column Name:
Year: 2006
Field Note:
2006 Vital Statistics

STATE OUTCOME MEASURE # 1					
Percentage of persons age 18 or greater who are overweight or obese	e in WV.				
		Annual C	bjective and Perfor	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective			27	50	50
Annual Indicator	64	65.4	67.0	65.0	67.0
Numerator		885,000	907,500	880,000	907,500
Denominator		1,353,629	1,353,629	1,353,629	1,353,629
Data Source					2006 BRFSS
Is the Data Provisional or Final?				Provisional	Provisional
		Annual C	bjective and Perfor	mance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective	50	50	50	50	50
	Please fill in only th not required for futu		bove years. Numerat	or, Denominator and	Annual Indicators are

1. Section Number: Form12_State Outcome Measure 1

Field Name: SO1 Row Name: Column Name: Year: 2008 Field Note:

Based upon 2006 BRFSS combined obese and overweight BMI's

2. Section Number: Form12_State Outcome Measure 1
Field Name: SO1
Row Name:

Field Name: SO Row Name: Column Name: Year: 2007 Field Note:

Based upon 2006 BRFSS combined obese and overweight BMI's

3. Section Number: Form12_State Outcome Measure 1 Field Name: SO1 Row Name:

Field Name: SO Row Name: Column Name: Year: 2006 Field Note:

Field Note: 2006 BRFSS combined obese and overweight BMI's

STATE OUTCOME MEASURE # 2					
Rate of the adult population smoking					
		Annual C	Objective and Perfor	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective			25	23	21
Annual Indicator	26.9	26.7	25.7	25.7	25.7
Numerator		361,419	347,883	347,883	347,883
Denominator		1,353,629	1,353,629	1,353,629	1,353,629
Data Source					2006 BRFSS
Is the Data Provisional or Final?				Provisional	Provisional
		Annual C	Objective and Perfor	mance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective	20	20	20	20	20
Annual Indicator Numerator Denominator	Please fill in only the not required for future.		above years. Numera	tor, Denominator and	Annual Indicators are

1. Section Number: Form12_State Outcome Measure 2

Field Name: SO2 Row Name: Column Name: Year: 2008 Field Note:

based upon 2006 BRFSS

2. Section Number: Form12_State Outcome Measure 2
Field Name: SO2
Row Name:

Field Name: SO2 Row Name: Column Name: Year: 2007 Field Note:

based upon 2006 BRFSS

3. Section Number: Form12_State Outcome Measure 2 Field Name: SO2 Row Name:

Field Name: SO2 Row Name: Column Name: Year: 2006 Field Note: 2006 BRFSS

STATE OUTCOME MEASURE # 3					
Percentage of live births that are born prematurely					
		Annua	al Objective and Perfo	rmance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective		_	10.5	10	9.5
Annual Indicator	12.	4 12.	5 12.4	11.9	11.9
Numerator	2,60	2,60	0 2,591	2,500	2,495
Denominator	20,91	1 20,83	20,931	21,017	21,000
Data Source					
Is the Data Provisional or Final?				Provisional	Provisional
		Annu	al Objective and Perfo	rmance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective		9	9 8.5	8	8
Annual Indicator Numerator Denominator	Please fill in onl not required for	y the Objectives for th future year data.	ne above years. Numera	tor, Denominator and	Annual Indicators a

1. Section Number: Form12_State Outcome Measure 3 Field Name: SO3

Row Name: Column Name: Year: 2007 Field Note: based upon 2006 Vital Statistics

2. Section Number: Form12_State Outcome Measure 3
Field Name: SO3
Row Name:

Column Name: Year: 2006 Field Note:

2006 Vital Statistics

STATE OUTCOME MEASURE # 4					
Percentage of live births that are born with low birthweight.					
		Annual C	Objective and Perfor	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective			8	7.5	7
Annual Indicator	9.3	9.5	9.7	9.5	9.0
Numerator	1,950	1,984	2,020	2,100	2,000
Denominator	20,911	20,834	20,931	22,017	22,100
Data Source					2007 Vital Statistics
Is the Data Provisional or Final?				Final	Provisional
		Annual C	Objective and Perfor	mance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective	7	7	6.5	6.5	6.5
Annual Indicator Numerator Denominator	Please fill in only t not required for fut	he Objectives for the a ure year data.	above years. Numera	tor, Denominator and	Annual Indicators are

1. Section Number: Form12_State Outcome Measure 4 Field Name: SO4

Field Name: SO-Row Name: Column Name: Year: 2008 Field Note:

Based upon 2007 Vital Statistics

2. Section Number: Form12_State Outcome Measure 4
Field Name: SO4
Row Name:

Field Name: SO4 Row Name: Column Name: Year: 2007 Field Note: 2007 Vital Statistics

3. Section Number: Form12_State Outcome Measure 4 Field Name: SO4 Row Name:

Field Name: SO4 Row Name: Column Name: Year: 2006 Field Note: 2006 Vital Statistics

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STATE OUTCOME MEASURE # 5					
The rate per 1000 of deaths to adolescents and young adults ages 15	- 24 caused by mot	or vehichle crashes.			
		Annual C	Objective and Perfor	mance Data	
	2004	2005	2006	2007	2008
Annual Performance Objective			28	27	0.4
Annual Indicator	0.4	0.4	0.4	0.4	0.3
Numerator	92	91	98	83	80
Denominator	245,687	245,687	245,687	229,772	229,772
Data Source					2007 Vital Statistics
Is the Data Provisional or Final?				Final	Provisional
		Annual C	Objective and Perfor	mance Data	
	2009	2010	2011	2012	2013
Annual Performance Objective	0.3	0.3	0.3	0.3	0.3
Annual Indicator Numerator Denominator	Please fill in only th not required for futu		above years. Numera	tor, Denominator and	Annual Indicators are

1. Section Number: Form12_State Outcome Measure 5

Field Name: SO5 Row Name: Column Name: Year: 2008 Field Note:

Based upon 2007 Vital Statistics

2. Section Number: Form12_State Outcome Measure 5
Field Name: SO5
Row Name:

Field Name: SO5 Row Name: Column Name: Year: 2007 Field Note: 2007 Vital Statistics

3. Section Number: Form12_State Outcome Measure 5 Field Name: SO5 Row Name:

Field Name: SO5 Row Name: Column Name: Year: 2006 Field Note: 2006 Vital Statistics

Annual Objective and Performance Data					
2004	2005	2006	2007	2008	
·					_
					_
·			<u> </u>		
)					
•					
	Δη	nual Objective and F	Performance Data		
2009	2010	2011	2012	2013	
Please fill in on not required to		r the above years. Nu	merator, Denominato	r and Annual Indicators	s are
	2009	2004 2005 Ani 2009 2010 Please fill in only the Objectives fo not required for future year data.	Annual Objective and F 2009 2010 Please fill in only the Objectives for the above years. Nu not required for future year data.	Annual Objective and Performance Data 2009 2010 2011 2012 Please fill in only the Objectives for the above years. Numerator, Denominato not required for future year data.	Annual Objective and Performance Data 2009 2010 2011 2012 2013 Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicator not required for future year data.

STATE OUTCOME MEASURE # 7					
	Annual Objective and Performance Data				
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					<u> </u>
Data Source					
Is the Data Provisional or Final?					
		Anı	nual Objective and F	lorformanaa Data	
	2009	2010	2011	2012	2013
Annual Performance Objective		<u> </u>			<u> </u>
Annual Indicator Numerator Denominator	Please fill in o	only the Objectives fo or future year data.	r the above years. Nu	merator, Denominato	r and Annual Indicators are
Denominator					

Annual Objective and Performance Data				
2004	2005	2006	2007	2008
·				
·			<u> </u>	
)				
•				
	Δn	nual Ohiective and F	Performance Data	
2009	2010	2011	2012	2013
Please fill in on not required f		r the above years. Nu	merator, Denominato	r and Annual Indicators ar
	2009	2004 2005 Ani 2009 2010 Please fill in only the Objectives fo not required for future year data.	Annual Objective and F 2009 2010 2011 Please fill in only the Objectives for the above years. No not required for future year data.	Annual Objective and Performance Data 2009 2010 2011 2012 Please fill in only the Objectives for the above years. Numerator, Denominato not required for future year data.

CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS STATE: WV 1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate. 3 2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups. 3 3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process. 2 4. Family members are involved in service training of CSHCN staff and providers. 3 5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member). 3 6. Family members of diverse cultures are involved in all of the above activities. 1 Total Score: _____15 Rating Key 0 = Not Met 1 = Partially Met 2 = Mostly Met 3 = Completely Met

FORM NOTES FOR FORM 13

FIELD LEVEL NOTES

None

FORM 14 LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: WV FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase ,list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

- 1. Reduce the state's infant mortality rate
- 2. Reduce the number of women smoking during pregnancy due to it's effect on low birth weight infants
- 3. Reduce the incidence/health burden of obesity that affects the State's population
- 4. Reduce the incidence of prematurity
- 5. Reduce the incidence of low birth weight
- 6. Maintain and/or increase the number of specialty providers in health shortage areas through recruitment and credentialing
- 7. Assure that children and families access health care financing and utilize services
- 8. Reduce accidental deaths among youth 24 years of age and younger
- 9.
- 10.

FORM NOTES FOR FORM 14
None

FIELD LEVEL NOTES

FORM 15 TECHNICAL ASSISTANCE(TA) REQUEST

STATE: WV APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: N/A	Training for RFTS workforce for motivational interviewing/counseling skills building to engage clients to accept services and work on behavioral changes.	The RFTS Program has strong components to assist low-income pregnant women and impact birth outcomes, however it is difficult to keep women engaged in the change process.	Guidance from MCHB
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: N/A	0000000	00000000	Guidance from MCHB
3.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: N/A	00000000	000000000	Guidance from MCHB
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

measure number here:		
If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:		
If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:		

FORM NOTES FOR FORM 15

FIELD LEVEL NOTES

None

FORM 16 STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET STATE: WV

SP#

PERFORMANCE MEASURE: Decrease the percentage of high school students in grades 9-12 who are overweight or obese.

STATUS:

95% of high school students will not be overweight. (Baseline: 13.7 % of students in grades 9-12 are overweight-2003 GOAL

YRBS or 86.3% are not overweight).

Percentage of students in grades 9-12 who are overweight. Overweight or obese is defined as equal to or above the **DEFINITION**

gender and age-specific 95th percentile of BMI from the revised NCHS/CDC growth charts.

Number of high school students in grades 9-12 in WV who are overweight taken from YRBS 2003.

Denominator:

Number of high school students in grades 9-12 in the WV general population taken from total population 15-19 from Vital

Statistics 2004.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE WV 19.10

Reduce the proportion of children and adolescents who are overweight or obese by 5% from baseline. Overweight or

obese is defined as equal to or above the gender and age-specific 956h percentile of BMI from the revised NCHS/CDC

19.6. Increace the proportion of adolescents who consume breakfast daily by 5% from the baseline. 19.7. Increase the proportion of adolescents who consume at least five servings of fruits and begetables per day by 5% from baseline. 19.8.

Increase the proportion of adolescents who meet dietary recommendations for calcium by 5% from baseline. 19.9

Increase the proportion of adolescents who consume less than 10% total calories from saturated fat by 5% from baseline.

DATA SOURCES AND DATA ISSUES

YRBS, High School Youth surveys, School-based health center data.

SIGNIFICANCE Reducing obesity in adolescence improves overall health and reduces future adverse health outcomes as well as

increases self-esteem. It establishes a foundation for future eating habits and patterns to maintain a healthier lifestyle into

adulthood.

PERFORMANCE MEASURE: Decrease the percentage of high school students who smoke cigarettes daily.

STATUS:

90% of high school students in grades 9-12 will not smoke cigarettes daily. (Baseline: 79.2% do not smoke or 20.8% who do GOAL

smoke- 2003 YRBS).

DEFINITION Percentage of high school students in grades 9-12 who smoke cigarettes daily.

Numerator:

Number of high school students in grades 9-12 who smoke cigarettes daily.

Denominator:

Number of high school students in grades 9-12 enrolled in the public school system.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE WV 27.1d.

Reduce the proportion of youth in grades 6-12 who report smoking in the previous month to 20% or lower. (Baseline: 42% in

DATA SOURCES AND DATA ISSUES YRBS, WV Board of Education, High School Youth Surveys

Reducing the percentage of youth in high school that smoke cigarettes daily will reduce future adverse health outcomes in themselves as well as reduce the incidence of infants who are born prematurely and with low birth weight. **SIGNIFICANCE**

PERFORMANCE MEASURE: Decrease the percentage of pregnant women who smoke.

STATUS: Active

80% of women who become pregnant will not smoke cigarettes during the last six (6) months of their pregnancy. (Baseline GOAL

26%, 2003)

DEFINITION Percentage of women who smoke during their last six(6) months of pregnance.

Number of women who smoke during their last six (6) months of pregnancy.

Denominator:

Number of pregnant women in a calendar year with a live birth.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE Reduce the prevalence of cigarette smoking among women ages 18-24

Reduce the prevalence of cigarette smoking among women ages 18-24 (i.e., childbearing ages) to 25% or lower. (Baseline: 34.3% in 1998). Data Sources: WV Bureau for Public Health, Office of Epidemiology and Health Promotion, Behavioral Risk Factor Surveillance System; WV DEpartment of Education, WV Department of Education, Office of Healthy Schools, Youth

Risk Behavior Survey and/or Youth Tobacco Survey.

DATA SOURCES AND DATA ISSUES

Birth Certificate information, PRAMS

SIGNIFICANCE Reducing the percentage of pregnant women who smoke during their last six (6) months of pregnancy will reduce infants

born prematurely and born with low birthweight. It will also help to reduce adverse health outcomes in those women who

decide to quit smoking permanently.

PERFORMANCE MEASURE: Increase the percentage of women who breastfeed their infants for at least six (6) weeks after birth.

STATUS: Active

GOAL 40% of mothers will breastfeed their infants for at least six (6) weeks after birth. (Baseline: 35.54 - 2002 PRAMS)

DEFINITION Percentage of resident mothers who breastfeed their infants for at least six (6) weeks after birth.

Numerator:Number of resident mothers who breastfeed their infants for at least six (6) weeks after discharge

Denominator:

Number of resident mothers who give birth in the general population.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

PRAMS question "Did you ever breastfeed your infant? If so, "How many weeks or months did you breastfeed?"

SIGNIFICANCE

Breastfeeding has been determined to increase positive outcomes in infant's health, mother/infant bonding and reducing the incidence of SIDS.

PERFORMANCE MEASURE: Decrease the percentage of high school students who drink alcohol and drive.

STATUS: Active

GOAL 95% of high school students will not drink alcohol and drive a vehicle. (Baseline: 12% of high school students drove a car or

other vehicle one or more times when they had been drinking alcohol within the past 30 days of survey. 2003 YRBS).

DEFINITION Percentage of students who, during the past 30 days, drove a car or other vehicle one or more times when they had been

drinking alcohol.

Numerator:

Number of high school students in grades 9-12 who reported driving a car or other vehicle in the past 30 days when they

had been drinking alcohol.

Denominator:

Number of high school students in grades 9-12 in the general population.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES YRBS, School surveys, Department of Education, Census

SIGNIFICANCE Reducing risky behaviors among adolescents reduces accidents and deaths among this population.

PERFORMANCE MEASURE: Decrease the number of high school students who never or rarely wear a seatbelt when riding in a car driven by someone

else.

STATUS: Active

GOAL 90% of high school students will wear a seatbelt when riding in a car driven by someone else. (Baseline: 84.8%-2003

YRBS)

DEFINITION Percentage of high school students in WV in grades 9-12 who never or rarely wear a seatbelt when riding in a car driven by

someone else.

Numerator:

Number of students in grades 9-12 who never or rarely wear a seatbelt when riding in a car driven by someone else.

Denominator:

Number of students in grades 9-12 in the general population.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE WV 15.11

Increase the use of safety belts among adults and children older than eight to at least 74% of motor vehicle occupants.

(Baseline: 68% in 1998)

DATA SOURCES AND DATA ISSUES YRBS

SIGNIFICANCE Increasing the use of wearing seatbelts in this population will reduce injuries, disabilities and hospitalizations.

PERFORMANCE MEASURE: Increase the percentage of the state's children <18 who are government sponsored beneficiaries who have at least one

primary care visit in a 12-month period.

STATUS:

GOAL 90% of the state's children less than 18 years of age, who are government sponsored beneficiaries, will receive at least one

primary care visit in a 12-month period.

DEFINITION Percentage of children who are beneficiaries of Medicaid and CHIP who receive at least one primary care visit in a 12-

month period.

Numerator:

Number of children less than age 18 who are beneficiaries of Medicaid and CHIP who receive at least one primary care visit

in a 12-month period.

Denominator:

Number of children less than age 18 who are beneficiaries of PEIA, Medicaid, and CHIP

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Medicaid and CHIP data

SIGNIFICANCE

Children who receive regular primary care will benefit from establishing a physician relationship who is knowledgeable of the

child's medical history and can make informed decisions on any needed courses of action to ensure adequate care.

PERFORMANCE MEASURE: Increase the percentage of high school students who participate in physical activity for at least 20 minutes a day, 3 days a

week.

STATUS: Active

GOAL 70% of high school students will participate in physical activity for at least 20 minutes a day, 3 days a week.

(Baseline:66.3% - 2003 YRBS).

DEFINITION Percentage of high school students in grades 9-12 who participate in physical activity for at least 20 minutes a day, 3 days a

veek.

Numerator:

Number of students in grades 9-12 who participate in physical activity for at least 20 minutes a day, 3 days a week.

Denominator:

Number of students in grades 9-12 in the general population.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE WV 22.4

Increase to 30% the proportion of adolescents who engaged in moderate physical activity for at least 30 minutes on five or

more of the previous seven days. Data Source: YRBS. (Baseline: 25.4% in 1999 and 27.4 in 2003)

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

Research indicates that even moderate levels of physical activity achieved on a regular basis could lead to significant

cardiorespiratory and health-related benefits, especially among the unfit. By encouraging adolescents to maintain fitness

through high school is encouraging the establishment of life time habits.

OUTCOME MEASURE: Percentage of persons age 18 or greater who are overweight or obese in WV.

STATUS: Active

Reduce the percentage of persons age 18 or greater who are overweight or obese in WV. (Baseline: 36.1% 2001 BRFSS). GOAL

DEFINITION Overweight or obesity is defined by having a body mass index (BMI) of 30 or greater.

Numerator:Number of persons age 18 or greater who are overweight or obese.

Denominator:

Number of persons age 18 or greater in the general population.

Units: 100 Text: Percent

West Virginia Healthy People Objective 19.1 **HEALTHY PEOPLE 2010 OBJECTIVE**

Reduce the proportion of people aged 18 and older who are obese. 19.1a. Reduce to 37% the proportion of people who are obese as defined by the Metropolitan Life Insurance tables as being at least 20% over ideal body weight. 19.1b. Reduce to

20% the proportion of people who are obese as defined by having a body mass indes (BMI) of 30 or greater.

DATA SOURCES AND DATA ISSUES

BRFSS

SIGNIFICANCE

Reducing the incidence of overweight and obesity reduces the chance of adverse health outcomes such as diabetes, high

blood pressure and hypertension.

OUTCOME MEASURE: Rate of the adult population smoking

STATUS: Active

GOAL To reduce the prevalence of adult smoking in WV. (Baseline: 28.4% - 2002 BRFSS).

DEFINITION The rate of the adult population 18 years of age or greater who smoke.

Numerator:Number of adults age 18 or greater in the general population who smoke

Denominator:

Number of adults age 18 or greater in the general population.

Units: 100 Text: Percent

West Virginia Healthy People Objective 27.1 **HEALTHY PEOPLE 2010 OBJECTIVE**

Reduce the prevalence of cigarette smoking among youth and adults.

BRFSS, West Virginia Bureau, Office of Epidemiology and Health Promotion, Bivisions of Tobacco Prevention and Health **DATA SOURCES AND DATA ISSUES**

Statistics.

Reducing prevalence of adult smoking will reduce second hand smoke exposure, reduce adverse health outcomes caused **SIGNIFICANCE**

from smoking and reduce long term health care costs.

OUTCOME MEASURE: Percentage of live births that are born prematurely

STATUS: Active

GOAL Reduce the incidence of prematurity in WV newborns. (Baseline: 11.7% in 2003). **DEFINITION** Reduce the incidence of resident live pre-term birth (less than 37 weeks gestation).

Numerator:Number of live resident births who are born at less than 37 weeks gestation.

Denominator:

Number of live resident births. Units: 100 Text: Percent

WV Healthy People Objective 16.6 **HEALTHY PEOPLE 2010 OBJECTIVE**

Reduce the incidence of pre-term birth (<39 weeks of gestation) to 7.6% of live births.

DATA SOURCES AND DATA ISSUES WV Health Statistics Center

Reducing the incidence of infants born prematurely reduces the chances of adverse health outcomes in newborns and reduces healthcare costs. **SIGNIFICANCE**

OUTCOME MEASURE: Percentage of live births that are born with low birthweight.

STATUS: Active

GOAL Reduce the incidence of low birthweight of live births. (Baseline: 8.6% - 2003 Health Statistics Center).

DEFINITION Reduce the incidence of infants weighing less than 2,500 grams or 5.8 lbs. at birth of all resident live births.

Numerator:Number of live resident births who are born weighing less than 2,500 grams or 5.8 lbs.

Denominator:

Number of live resident births.

Units: 100 Text: Percent

WV Healthy People Objective 16.2 **HEALTHY PEOPLE 2010 OBJECTIVE**

Reduce low birthweight to a incidence of no more than 5% of the births and very low birthweight to no more than 1% of live births.

DATA SOURCES AND DATA ISSUES WV Health Statistics Center

SIGNIFICANCE Reducing the incidence of low birthweight reduces the chances of adverse health outcomes in newborns and also

decreases health care costs.

SO # 5

OUTCOME MEASURE: The rate per 1000 of deaths to adolescents and young adults ages 15 - 24 caused by motor vehichle crashes.

STATUS: Active

GOAL Reduce the rate per 1000 of deaths to adolescents and young adults ages 15-24 caused by motor vehicle crashes.

(Baseline: 33.3% - 2003 Health Statistics Center).

DEFINITION The number of persons age 15-24 who die as a result of motor vehicle crashes.

Numerator:

The number of deaths to persons age 15-24 caused by motor vehicle crashes

Denominator:

The number of persons age 15-24 in the general population.

Units: 1000 Text: Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

West virginia Health Statistics Center

SIGNIFICANCE

Reducing the number of deaths to adolescents and young adults caused from motor vehicle accidents results in improved

safety practices saving lives and injuries.

SO # 6
OUTCOME MEASURE:
STATUS: Active

GOAL
DEFINITION

Numerator:
Denominator:
Units: Text: 0

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

SO# 7 OUTCOME MEASURE: STATUS: Active GOAL DEFINITION Numerator: Denominator: Units: Text: 0 HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

SO # 8
OUTCOME MEASURE:
STATUS: Active

GOAL
DEFINITION

Numerator:
Denominator:
Units: Text: 0

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

FORM NOTES FOR FORM 16

FIELD LEVEL NOTES

None

None

FORM 17 HEALTH SYSTEMS CAPACITY INDICATORS FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA STATE: WV

Form Level Notes for Form 17

For 2008, we have included the number of children who also receive services from the Birth to Three Program/Early Intervention IDEA/Part C. This was additional 1,000 children.

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	104.5	111.2	164.0	108.9	98.2
Numerator	1,064	1,132	1,670	1,109	1,000
Denominator	101,805	101,805	101,805	101,805	101,805
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

Section Number: Form17_Health Systems Capacity Indicator #01 Field Name: HSC01

Field Name: HSC01 Row Name: Column Name: Year: 2008 Field Note:

based upon 2007 Hospital Discharge Data, HCA

2. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01 Row Name: Column Name: Year: 2007 Field Note:

2007 Hospital Discharge Data, HCA

3. Section Number: Form17_Health Systems Capacity Indicator #01 Field Name: HSC01

Field Name: HSC Row Name: Column Name: Year: 2006 Field Note:

2006 Hospital Discharge Data, HCCRA

HEALTH SYSTEMS CAPACITY MEASURE # 02					
The percent Medicaid enrollees whose age is less than one year during	ng the reporting year	who received at least	st one initial periodic s	creen.	
	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	95.0	95.0	98.0	99.3	97.1
Numerator	11,630	11,685	13,101	13,808	13,431
Denominator	12,242	12,300	13,368	13,905	13,829
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX., Is the Data Provisional or Final?				Final	Final

Section Number: Form17_Health Systems Capacity Indicator #02
 Field Name: HSC02
 Page Name

Row Name: Column Name: Year: 2008 Field Note:

Fiscal Year 2008 - CMS - 416

2. Section Number: Form17_Health Systems Capacity Indicator #02 Field Name: HSC02

Row Name: Column Name:
Year: 2006
Field Note:
Medicaid enrollees from July 1, 2005 to June 30, 2006

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	96.3	96.1	100.0	100.0	94.1
Numerator	103	99	14	16	16
Denominator	r107	103	14	16	17
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Final

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03 Row Name: Column Name: Year: 2008 Field Note:

CHIP 2008 Annual Report, date ending June 30,2008. Continuously enrolled children less than or equal to 15 months.

2. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03 **Row Name:** Column Name: Year: 2007 Field Note:

2007 CHIP Annual Report - data for fiscal year ended June 30, 2007. Continuously enrolled children less than or equal to 15 months.

3. Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03 Row Name: Column Name: Year: 2006 Field Note:

2006 CHIP Annual Report - data for fiscal year ended June 30, 2006. Continuously enrolled children less than or equal to 15 months.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index

			Annual Indicator D	<u>ata</u>	
	2004	2005	2006	2007	2008
Annual Indicator	82.6	81.5	83.0	75.9	76.7
Numerator	17,267	16,982	17,375	16,245	16,500
Denominator	20,911	20,834	20,931	21,407	21,500
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #04

Field Name: HSC04 Row Name: Column Name: Year: 2008 Field Note:

Based upon 2007 Vital Statistics - calculated by 1st trimester with 11+ visits, 2nd trimester with 6+ visits and 3rd trimester with 1+ visits

2. Section Number: Form17_Health Systems Capacity Indicator #04

Field Name: HSC04 Row Name: Column Name: Year: 2007 Field Note:

2007 Vital Statistics - calculated by 1st trimester with 11+ visits, 2nd trimester with 6+ visits and 3rd trimester with 1+ visits

3. Section Number: Form17_Health Systems Capacity Indicator #04

Field Name: HSC04 Row Name: Column Name: Year: 2006 Field Note: 2006 PRAMS data

HEALTH SYSTEMS CAPACITY MEASURE # 07A						
Percent of potentially Medicaid-eligible children who have received a	service paid by the N	Medicaid Program.				
	Annual Indicator Data					
	2004	2005	2006	2007	2008	
Annual Indicator	98.9	98.9	98.5	98.5	98.9	
Numerator	214,150	212,200	207,060	204,413	204,502	
Denominator	216,516	214,500	210,181	207,606	206,729	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?					Provisional	

1. Section Number: Form17_Health Systems Capacity Indicator #07A Field Name: HSC07A

Row Name: Column Name: Year: 2008
Field Note:
CMS-416 Annual Report Fiscal Year 2008

HEALTH SYSTEMS CAPACITY MEASURE # 07B						
The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.						
	Annual Indicator Data					
	2004	2005	2006	2007	2008	
Annual Indicator	48.0	48.0	54.0	54.5	56.0	
Numerator	19,800	19,800	22,339	22,398	22,778	
Denominator	41,244	41,244	41,353	41,073	40,691	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Final	

1. Section Number: Form17_Health Systems Capacity Indicator #07B Field Name: HSC07B

Row Name: Column Name: Year: 2008 Field Note: Fiscal Year 2008 - CMS - 416

HEALTH SYSTEMS CAPACITY MEASURE # 08 The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program. **Annual Indicator Data** 2004 2005 2006 2007 2008 18.3 15.2 16.6 10.7 20.4 **Annual Indicator** 1,079 1,879 Numerator 1,256 1,049 987 6,856 6,901 6,489 9,196 9,233 Denominator Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be

Final

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #08

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Field Name: HSC08 Row Name: Column Name: Year: 2008 Field Note:

numerator is children under 18 - from CSHCN

FORM 18 HEALTH SYSTEMS CAPACITY INDICATOR #05 (MEDICAID AND NON-MEDICAID COMPARISON) STATE: WV

INDICATOR #05 Comparison of health system capacity			POPULATION			
indicators for Medicaid, non-Medicaid, and all MCH populations in the State	YEAR	DATA SOURCE	MEDICAID	NON-MEDICAID	ALL	
a) Percent of low birth weight (< 2,500 grams)	2007	Payment source from birth certificate	10.4	7.4	9.5	
b) Infant deaths per 1,000 live births	2007	Payment source from birth certificate	9.3	4.6	7.4	
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2007	Payment source from birth certificate	78.3	86.1	82	
d) Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2007	Payment source from birth certificate	73	81		

FORM 18 HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL) STATE: WV

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2008	<u>150</u>
b) Medicaid Children (Age range 1 to 5) (Age range 6 to 12) (Age range 13 to 18)	2008	133 100 100
c) Pregnant Women	2008	150

FORM 18 HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL) STATE: WV

INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2008	
b) Medicaid Children (Age range 1 to 5) (Age range 6 to 12) (Age range 13 to 18)	2008	220 220 220
c) Pregnant Women	2008	

FORM NOTES FOR FORM 18

FIELD LEVEL NOTES

Section Number: Form18_Indicator 06 - SCHIP Field Name: SCHIP_Women

Row Name: Pregnant Women

Column Name: Year: 2010 Field Note:

Pregnant women are not cover under CHIP. All teen-age pregnancies are covered by Title V.

Section Number: Form18_Indicator 05

Field Name: LowBirthWeight

Row Name: Percent of ow birth weight (<2,500 grams)

Column Name: Year: 2010 Field Note: 2007 Vital Statistics

Section Number: Form18_Indicator 05

Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births

Column Name: Year: 2010 Field Note: 2007 Vital Statistics

Section Number: Form18_Indicator 05

Field Name: CareFirstTrimester

Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Column Name: Year: 2010 Field Note: 2007 Vital Statistics

Section Number: Form18_Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name: Year: 2010 Field Note: 2007 Vital Statistics

FORM 19 HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM STATE: WV

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Informatioin)

ANNUAL DATA LINKAGES 3 Yes Annual linkage of infant birth and infant death certificates 3 Yes Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files 3 Yes Annual linkage of birth certificates and WIC eligibility files 2 No Annual linkage of birth certificates and newborn screening files 3 Yes REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in-State discharges 2 No Annual birth defects surveillance system 3 Yes Survey of recent mothers at least every two years 3 Yes	DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
Eligibility or Paid Claims Files Annual linkage of birth certificates and WIC eligibility files Annual linkage of birth certificates and newborn screening files REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in-State discharges Annual birth defects surveillance system Survey of recent mothers at least every two years Survey of recent mothers at least every two years	Annual linkage of infant birth and infant death	3	Yes
Annual linkage of birth certificates and newborn screening files REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in-State discharges Annual birth defects surveillance system Survey of recent mothers at least every two years 2 No Yes Survey of recent mothers at least every two years		3	Yes
REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in-State discharges Annual birth defects surveillance system Survey of recent mothers at least every two years 3 Tes No Yes		2	No
Hospital discharge survey for at least 90% of in-State discharges 2 No Annual birth defects surveillance system 3 Yes Survey of recent mothers at least every two years 3 Yes		3	Yes
Survey of recent mothers at least every two years	Hospital discharge survey for at least 90% of in-State	2	No
	Annual birth defects surveillance system	3	Yes
(like PRAMS)	Survey of recent mothers at least every two years (like PRAMS)	3	Yes

- 1 = No, the MCH agency does not have this ability.
 2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
 3 = Yes, the MCH agency always has this ability.

FORM 19 HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM STATE: WV

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

*Where:

1 = No

- 2 = Yes, the State participates but the sample size is <u>not</u> large enough for valid statewide estimates for this age group. 3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. Section Number: Form19_Indicator 09B Field Name: YRBSS_09B Row Name: Youth Risk Behavior Survey (YRBS) Column Name: Year: 2010

Field Note: YRBS completed every other year - 2007 most recent year available

FORM 20 HEALTH STATUS INDICATORS #01-#05 MULTI-YEAR DATA STATE: WV

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A							
The percent of live births weighing less than 2,500 grams.							
	Annual Indicator Data						
	2004	2005	2006	2007	2008		
Annual Indicator	9.3	9.5	9.7	9.5	9.0		
Numerator	1,950	1,984	2,020	2,102	2,000		
Denominator	20,911	20,834	20,931	22,017	22,100		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.							
Is the Data Provisional or Final?				Final	Provisional		

Field Level Notes

1. Section Number: Form20_Health Status Indicator #01A Field Name: HSI01A

Field Name: HSI0 Row Name: Column Name: Year: 2008 Field Note:

Based upon 2007 Vital Statistics

2. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A Row Name: Column Name: Year: 2007 Field Note:

2007 Vital Statistics

3. Section Number: Form20_Health Status Indicator #01A Field Name: HSI01A

Field Name: HSIO Row Name: Column Name: Year: 2006 Field Note: 2006 Vital Stats

HEALTH STATUS INDICATOR MEASURE # 01B					
The percent of live singleton births weighing less than 2,500 grams.					
	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	7.5	7.4	9.1	7.8	7.7
Numerator	1,572	1,537	1,912	1,725	1,700
Denominator	20,911	20,834	20,931	22,017	22,100
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional

Section Number: Form20_Health Status Indicator #01B
 Field Name: HSI01B
 Pour Name: HSI01B

Row Name: Column Name: Year: 2008 Field Note:

Based upon 2007 Vital Statistics

2. Section Number: Form20_Health Status Indicator #01B Field Name: HSI01B

Row Name: Column Name: Year: 2007 Field Note: 2007 Vital Statistics

3. Section Number: Form20_Health Status Indicator #01B Field Name: HSI01B

Row Name: Column Name: Year: 2006 Field Note: 2006 Vital Statistics

HEALTH STATUS INDICATOR MEASURE # 02A					
The percent of live births weighing less than 1,500 grams.					
	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	1.5	1.6	1.5	1.6	1.5
Numerator	322	339	304	359	325
Denominator	20,911	20,834	20,931	22,017	22,100
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Provisional

Section Number: Form20_Health Status Indicator #02A
 Field Name: HSI02A
 Pour Name:

Row Name: Column Name: Year: 2008 Field Note:

Based upon 2007 Vital Statistics

2. Section Number: Form20_Health Status Indicator #02A Field Name: HSI02A

Row Name: Column Name: Year: 2007 Field Note: 2007 Vital Statistics

3. Section Number: Form20_Health Status Indicator #02A Field Name: HSI02A

Row Name: Column Name: Year: 2006 Field Note: 2006 Vital Stats

HEALTH STATUS INDICATOR MEASURE # 02B					
The percent of live singleton births weighing less than 1,500 grams.					
	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	r <u>1.1</u>	1.2	1.1	1.2	1.1
Numerator	240	245	239	255	250
Denominator	20,911	20,834	20,931	22,017	22,100
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional

Section Number: Form20_Health Status Indicator #02B Field Name: HSI02B

Field Name: HSI02 Row Name: Column Name: Year: 2008 Field Note:

Based upon 2007 Vital Statistics

2. Section Number: Form20_Health Status Indicator #02B Field Name: HSI02B

Field Name: HSI02E Row Name: Column Name: Year: 2007 Field Note: 2007 Vital Statistics

3. Section Number: Form20_Health Status Indicator #02B Field Name: HSI02B

Field Name: HSI02I Row Name: Column Name: Year: 2006 Field Note: 2006 Vital Statistics

HEALTH STATUS INDICATOR MEASURE # 03A					
The death rate per 100,000 due to unintentional injuries among childr	en aged 14 years an	nd younger.			
	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	10.9	7.0	8.2	9.5	8.8
Numerator	36	23	27	30	28
Denominator	329,137	329,137	329,137	316,809	316,809
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Provisional

Section Number: Form20_Health Status Indicator #03A
 Field Name: HSI03A
 Pour Name:

Field Name: HSI0 Row Name: Column Name: Year: 2008 Field Note:

Based upon 2007 Vital Statistics

2. Section Number: Form20_Health Status Indicator #03A Field Name: HSI03A

Field Name: HSI03A Row Name: Column Name: Year: 2007 Field Note: 2007 Vital Statistics

3. Section Number: Form20_Health Status Indicator #03A Field Name: HSI03A

Field Name: HSI03, Row Name: Column Name: Year: 2006 Field Note: 2006 Vital Statistics

aged 14 years and yo	ounger due to motor	vehicle crashes.		
Annual Indicator Data				
2004	2005	2006	2007	2008
4.3	3.6	4.6	5.4	4.7
14	12	15	17	15
329,137	329,137	329,137	316,809	316,809
			Final	Provisional
	2004 4.3 14 329,137	2004 2005 4.3 3.6 14 12 329,137 329,137	2004 2005 2006 4.3 3.6 4.6 14 12 15 329,137 329,137 329,137	Annual Indicator Data 2004 2005 2006 2007 4.3 3.6 4.6 5.4 14 12 15 17 329,137 329,137 329,137 316,809

Section Number: Form20_Health Status Indicator #03B Field Name: HSI03B

Row Name: Column Name: Year: 2008 Field Note:

Based upon 2007 Vital Statistics

2. Section Number: Form20_Health Status Indicator #03B Field Name: HSI03B

Row Name: Column Name: Year: 2007 Field Note: 2007 Vital Statistics

3. Section Number: Form20_Health Status Indicator #03B Field Name: HSI03B

Row Name: Column Name: Year: 2006 Field Note: 2006 Vital Statistics

			Annual Indicator Da	<u>ata</u>	
	2004	2005	2006	2007	2008
Annual Indicator	37.4	37.0	39.9	36.1	34.8
Numerator	92	91	98	83	80
Denominator	245,687	245,687	245,687	229,772	229,772
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional

Section Number: Form20_Health Status Indicator #03C
 Field Name: HSI03C
 Pour Name: HSI03C

Row Name: Column Name: Year: 2008 Field Note:

Based upon 2007 Vital Statistics

2. Section Number: Form20_Health Status Indicator #03C Field Name: HSI03C

Row Name: Column Name: Year: 2007 Field Note: 2007 Vital Statistics

3. Section Number: Form20_Health Status Indicator #03C Field Name: HSI03C

Row Name: Column Name: Year: 2006 Field Note: 2006 Vital Stats

HEALTH STATUS INDICATOR MEASURE # 04A							
The rate per 100,000 of all nonfatal injuries among children aged 14 y	ears and younger.						
	Annual Indicator Data						
	2004	2005	2006	2007	2008		
Annual Indicator	352.7	324.2	190.2	257.6	243.1		
Numerator	1,161	1,067	626	848	800		
Denominator	329,137	329,137	329,137	329,137	329,137		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.				Final	Provisional		
Is the Data Provisional or Final?	,			Finai	Provisional		

1. Section Number: Form20_Health Status Indicator #04A Field Name: HSI04A

Field Name: HSI04 Row Name: Column Name: Year: 2008 Field Note:

based upon 2007 Hospital Discharge data, HCA

2. Section Number: Form20_Health Status Indicator #04A Field Name: HSI04A

Field Name: HSI04A Row Name: Column Name: Year: 2007 Field Note:

Field Note: 2007 Hospital Discharge data, HCA

3. Section Number: Form20_Health Status Indicator #04A Field Name: HSI04A

Field Name: HSI Row Name: Column Name: Year: 2006 Field Note:

2006 Hospital Discharge data, HCCRA

	Annual Indicator Data						
	2004	2005	2006	2007	2008		
Annual Indicator	38.6	44.4	23.4	32.8	30.4		
Numerator	127	146	77	108	100		
Denominator	329,137	329,137	329,137	329,137	329,13		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional		

Section Number: Form20_Health Status Indicator #04B Field Name: HSI04B

Field Name: HSI Row Name: Column Name: Year: 2008 Field Note:

based upon 2007 Hospital Discharge Data - HCA

2. Section Number: Form20_Health Status Indicator #04B Field Name: HSI04B

Field Name: HSI04B Row Name: Column Name: Year: 2007 Field Note:

Field Note: 2007 Hospital Discharge Data - HCA

3. Section Number: Form20_Health Status Indicator #04B Field Name: HSI04B

Field Name: HS Row Name: Column Name: Year: 2006 Field Note:

2006 Hospital Discharge Data - HCCRA

	Annual Indicator Data						
	2004	2005	2006	2007	2008		
Annual Indicator	67.8	74.8	52.4	76.3	72.6		
Numerator	467	515	361	525	500		
Denominator	688,401	688,401	688,401	688,401	688,40		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional		

Field Name: HSI040 Row Name: Column Name: Year: 2008 Field Note:

based upon 2007 Hospital Discharge Data - HCA

2. Section Number: Form20_Health Status Indicator #04C Field Name: HSI04C

Field Name: HSI04C Row Name: Column Name: Year: 2007 Field Note:

Field Note: 2007 Hospital Discharge Data - HCA

3. Section Number: Form20_Health Status Indicator #04C Field Name: HSI04C

Field Name: HS Row Name: Column Name: Year: 2006 Field Note:

2006 Hospital Discharge Data - HCCRA

HEALTH STATUS INDICATOR MEASURE # 05A							
The rate per 1,000 women aged 15 through 19 years with a reported	case of chlamydia.						
	Annual Indicator Data						
	2004	2005	2006	2007	2008		
Annual Indicator	14.5	14.3	13.7	15.2	15.1		
Numerator	885	872	834	928	920		
Denominator	61,043	61,043	61,043	61,043	61,043		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Provisional		

Section Number: Form20_Health Status Indicator #05A
 Field Name: HSI05A
 Pour New York

Field Name: HSIO Row Name: Column Name: Year: 2008 Field Note:

based upon 2007 STD Surviallance Summary Report - DSDC

2. Section Number: Form20_Health Status Indicator #05A Field Name: HSI05A

Field Name: HSI05A Row Name: Column Name: Year: 2007 Field Note:

Field Note: 2007 STD Surviallance Summary Report - DSDC

3. Section Number: Form20_Health Status Indicator #05A Field Name: HSI05A

Field Name: HS Row Name: Column Name: Year: 2006 Field Note:

2006 STD Surviallance Summary Report - DSDC

HEALTH STATUS INDICATOR MEASURE # 05B						
The rate per 1,000 women aged 20 through 44 years with a reported	case of chlamydia.					
	Annual Indicator Data					
	2004	2005	2006	2007	2008	
Annual Indicator	4.0	4.6	4.4	5.0	4.9	
Numerator	1,182	1,353	1,310	1,467	1,450	
Denominator	294,987	294,987	294,987	294,987	294,987	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Provisional	

Section Number: Form20_Health Status Indicator #05B Field Name: HSI05B

Field Name: HSIO Row Name: Column Name: Year: 2008 Field Note:

based upon 2007 STD Surveillance Summary Report - DSDC

2. Section Number: Form20_Health Status Indicator #05B Field Name: HSI05B

Field Name: HSI05B Row Name: Column Name: Year: 2007 Field Note:

Field Note: 2007 STD Surveillance Summary Report - DSDC

3. Section Number: Form20_Health Status Indicator #05B Field Name: HSI05B

Field Name: HS Row Name: Column Name: Year: 2006 Field Note:

2006 STD Surveillance Summary Report - DSDC

HSI #06A - Demographics (Total Population) Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics) For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	20,443	18,892	911	39	160	9	432	0
Children 1 through 4	84,009	77,353	3,967	125	671	16	1,877	0
Children 5 through 9	104,779	96,106	5,408	201	756	28	2,280	0
Children 10 through 14	107,578	99,695	4,982	206	742	33	1,920	0
Children 15 through 19	117,478	109,538	5,440	273	688	36	1,503	0
Children 20 through 24	112,294	104,028	5,333	336	1,380	54	1,163	0
Children 0 through 24	546,581	505,612	26,041	1,180	4,397	176	9,175	0

HSI #06B - Demographics (Total Population) Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	
Infants 0 to 1	20,204	239	0	
Children 1 through 4	82,792	1,217	0	
Children 5 through 9	102,956	1,823	0	
Children 10 through 14	105,833	1,745	0	
Children 15 through 19	115,937	1,541	0	
Children 20 through 24	110,624	1,670	0	
Children 0 through 24	538,346	8,235	0	

HSI #07A - Demographics (Total live births) Live births to women (of all ages) enumerated by maternal age and race. (Demographics)

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	31	24	4	0	0	0	3	0
Women 15 through 17	729	680	41	2	0	0	6	0
Women 18 through 19	1,977	1,878	87	2	0	1	9	0
Women 20 through 34	17,262	16,491	580	15	71	70	35	0
Women 35 or older	2,018	1,912	59	5	19	20	3	0
Women of all ages	22,017	20,985	771	24	90	91	56	0

HSI #07B - Demographics (Total live births) Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	31	0	0
Women 15 through 17	715	14	0
Women 18 through 19	1,953	24	0
Women 20 through 34	17,045	217	0
Women 35 or older	1,989	29	0
Women of all ages	21,733	284	0

STATE: WV

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	163	145	17	0	0	1	0	0
Children 1 through 4	31	28	3	0	0	0	0	0
Children 5 through 9	22	22	0	0	0	0	0	0
Children 10 through 14	18	16	2	0	0	0	0	0
Children 15 through 19	82	79	3	0	0	0	0	0
Children 20 through 24	156	146	9	0	0	0	1	0
Children 0 through 24	472	436	34	0	0	1	1	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	163	0	0
Children 1 through 4	30	1	0
Children 5 through 9	22	0	0
Children 10 through 14	18	0	0
Children 15 through 19	82	0	0
Children 20 through 24	152	4	0
Children 0 through 24	467	5	0

HSI #09A - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)

Is this data final or provisional? Final

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	434,287	401,584	20,708	844	3,017	122	8,012	0	2007
Percent in household headed by single parent	13.3	12.6	35.8	14.8	5.3	20.5	18.4	24.6	2008
Percent in TANF (Grant) families	3.6	3.6	0.0	0.0	0.0	0.0	0.0	0.0	2008
Number enrolled in Medicaid	206,729	206,729	0	0	0	0	0	0	2008
Number enrolled in SCHIP	37,707	35,759	1,427	18	88	7	387	21	2008
Number living in foster home care	6,636	5,404	735	13	16	23	431	14	2008
Number enrolled in food stamp program	101,087	101,087	0	0	0	0	0	0	2008
Number enrolled in WIC	46,234	41,244	1,848	133	91	16	2,902	0	2008
Rate (per 100,000) of juvenile crime arrests	2,346.0	2,098.0	7,743.0	835.0	734.0	0.0	0.0	0.0	2007
Percentage of high school drop- outs (grade 9 through 12)	4.4	4.4	4.9	9.8	1.5	0.0	0.0	0.0	2007

HSI #09B - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	427,722	6,565	0	2007
Percent in household headed by single parent	13.2	0.1	0.0	2008
Percent in TANF (Grant) families	3.6	0.0	0.0	2008
Number enrolled in Medicaid	0	0	206,729	2008
Number enrolled in SCHIP	0	0	37,707	2008
Number living in foster home care	98	5,450	237	2008
Number enrolled in food stamp program	101,087	0	0	2008
Number enrolled in WIC	44,998	1,236	0	2008
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	2,346.0	2007
Percentage of high school drop-outs (grade 9 through 12)	4.4	3.5	0.0	2007

HSI #10 - Demographics (Geographic Living Area) Geographic living area for all resident children aged 0 through 19 years old. (Demographics)

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL	
Living in metropolitan areas	86,857	
Living in urban areas	199,772	
Living in rural areas	234,515	
Living in frontier areas	0	
Total - all children 0 through 19	434,287	

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21 HEALTH STATUS INDICATORS DEMOGRAPHIC DATA STATE: WV

HSI #11 - Demographics (Poverty Levels) Percent of the State population at various levels of the federal poverty level. (Demographics)

POVERTY LEVELS	TOTAL
Total Population	1,801,921.0
Percent Below: 50% of poverty	19.0
100% of poverty	21.0
200% of poverty	60.0

FORM 21 HEALTH STATUS INDICATORS DEMOGRAPHIC DATA STATE: WV

HSI #12 - Demographics (Poverty Levels) Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)
Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	434,287.0
Percent Below: 50% of poverty	<u>15.0</u>
100% of poverty	20.0
200% of poverty	65.0

FORM NOTES FOR FORM 21

FIELD LEVEL NOTES

Section Number: Form21_Indicator 09A Field Name: HSIRace_SingleParentPercent

Row Name: Percent in household headed by single parent

Column Name: Field Note:

2000 Census - male, female head of household with children under 18 divided by total family households

Section Number: Form21_Indicator 09A Field Name: HSIRace_TANFPercent Row Name: Percent in TANF (Grant) families

Column Name: Year: 2010 Field Note:

not broken down by race

Section Number: Form21_Indicator 09A Field Name: HSIRace_MedicaidNo Row Name: Number enrolled in Medicaid

Column Name: Year: 2010 Field Note: Fiscal Year 2008

includes children to age 20 not broken down by race

Section Number: Form21_Indicator 09A Field Name: HSIRace_SCHIPNo Row Name: Number enrolled in SCHIP

Column Name: Year: 2010 Field Note: 2008 Annual Report

only includes children 18 and under

Section Number: Form21_Indicator 09A Field Name: HSIRace FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name: Year: 2010 Field Note:

not broken down by race

Section Number: Form21_Indicator 09A

Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests

Column Name: Year: 2010 Field Note:

denominator = total children ages 10-19

Asian and Pacific Islander calculated as one under Asian (report from Juvenille Justice) Total Unknown arrests was 69 - not calculated as rate because Unknown total from Vital was 0

Section Number: Form21_Indicator 09A Field Name: HSIRace_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name: Year: 2010 Field Note:

2007-2008 school year

Section Number: Form21_Indicator 09B Field Name: HSIEthnicity_SingleParentPercent

Row Name: Percent in household headed by single parent

Column Name: Year: 2010 Field Note:

2000 Census - male or female head of household with children under 18 divided by total other family households

Section Number: Form21_Indicator 09B Field Name: HSIEthnicity_TANFPercent Row Name: Percent in TANF (Grant) families

Column Name: Year: 2010 Field Note:

not broken down by ethnicity

10. Section Number: Form21_Indicator 09B Field Name: HSIEthnicity_MedicaidNo Row Name: Number enrolled in Medicaid

Column Name: Year: 2010 Field Note: Fiscal Year 2008

includes children to age 20

not broken down by ethnicity

Section Number: Form21_Indicator 09B Field Name: HSIEthnicity_SCHIPNo Row Name: Number enrolled in SCHIP

Column Name: Year: 2010 Field Note:

2008 Annual Report

only includes children 18 and under not broken down by ethnicity

12. Section Number: Form21_Indicator 09B Field Name: HSIEthnicity_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name: Year: 2010 Field Note:

not broken down by ethnicity

13. Section Number: Form21_Indicator 09B
Field Name: HSIEthnicity JuvenileCrimeRate

Row Name: Rate (per 100,000) of juvenile crime arrests

Column Name: Year: 2010 Field Note:

Ethnicity not reported by Juvenille Justice - calculated rate based on all arrests

14. Section Number: Form21_Indicator 09B Field Name: HSIEthnicity_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name: Year: 2010 Field Note:

2007-2008 school year

15. Section Number: Form21_Indicator 10

Field Name: Metropolitan

Row Name: Living in metropolitan areas

Column Name: Year: 2010 Field Note:

based upon 2% of total age group population

16. Section Number: Form21_Indicator 10

Field Name: Urban

Row Name: Living in urban areas

Column Name: Year: 2010 Field Note:

based upon 46% of total age group population

17. Section Number: Form21_Indicator 10

Field Name: Rural

Row Name: Living in rural areas

Column Name: Year: 2010 Field Note:

based upon 54% of total age group population

Section Number: Form21_Indicator 10

Field Name: Frontier

Row Name: Living in frontier areas

Column Name: Year: 2010 Field Note:

no designated frontier areas in West Virginia

19. Section Number: Form21_Indicator 11

Field Name: S11_total Row Name: Total Population

Column Name: Year: 2010 Field Note:

State Health Fact by Kaiser Foundation

20. Section Number: Form21_Indicator 11

Field Name: S11_50percent

Row Name: Percent Below: 50% of poverty

Column Name: Year: 2010 Field Note:

West Virginia: Distribution of Total Population by Federal Poverty Level(2006-2007)

21. Section Number: Form21_Indicator 11

Field Name: S11_100percent Row Name: 100% of poverty

Column Name: Year: 2010 Field Note:

West Virginia: Distribution of Total Population by Federal Poverty Level(2006-2007)

22. Section Number: Form21_Indicator 11 Field Name: S11_200percent Row Name: 200% of poverty

Column Name: Year: 2010 Field Note:

West Virginia: Distribution of Total Population by Federal Poverty Level(2006-2007)

23. Section Number: Form21_Indicator 12

Field Name: S12_50percent

Row Name: Percent Below: 50% of poverty

Column Name: Year: 2010 Field Note:

based upon West Virginia: Distribution of Total Population by Federal Poverty Level(2006-2007)

Kaiser Foundation State Health Facts

24. Section Number: Form21_Indicator 12 Field Name: S12_100percent Row Name: 100% of poverty

Column Name: Year: 2010 Field Note:

based upon West Virginia: Distribution of Total Population by Federal Poverty Level(2006-2007)

Kaiser Foundation State Health Facts

25. Section Number: Form21_Indicator 12 Field Name: S12_200percent Row Name: 200% of poverty Column Name:

Year: 2010 Field Note:

based upon West Virginia: Distribution of Total Population by Federal Poverty Level(2006-2007)

Kaiser Foundation State Health Facts

26. Section Number: Form21_Indicator 09A Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name: Year: 2010 Field Note:

AFCARS report October 1, 2008 - March 31, 2009

27. Section Number: Form21_Indicator 09B Field Name: HSIEthnicity_FosterCare Row Name: Number living in foster home care

Column Name: Year: 2010 Field Note:

AFCARS report October 1, 2008 - March 31, 2009